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**National Highway
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TRANSPORTATION RESEARCH CENTER

Indiana University

Indiana

ON-SITE AIR BAG INVESTIGATION

CASE NO. - 95-06

FLEET - PRIVATE VEHICLE

LOCATION - [REDACTED] INDIANA

ACCIDENT DATE [REDACTED] 1995

Submitted By:

[REDACTED]
Senior Staff Associate

[REDACTED] 1995

Revised Submissions:

[REDACTED], 1995

and

[REDACTED], 1995

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
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Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

1. Report No. TRC/IU Case No. 95-06	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle On-Site Air Bag Investigation Private Vehicle Location [REDACTED] Indiana		5. Report Date [REDACTED] 95; [REDACTED] 95; [REDACTED] 95	
		6. Performing Organization Code	
7. Author(s) [REDACTED]		8. Performing Organization Report No. TRC/IU 95-06, Task 9514	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED] Indiana [REDACTED]		10. Work Unit No. (TRAIS)	
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		14. Sponsoring Agency Code	
15. Supplementary Notes On-site air bag deployment investigation involving a 1990 Lincoln Continental, 4-door sedan, with manual belts and driver's air bag			
16. Abstract <p>This report covers an on-site investigation of an air bag deployment crash that involved a 1990 Lincoln Continental, 4-door sedan, and a 1993 Chevrolet, G-20 (3/4 ton), 4x2, conversion van. The Continental was traveling west, after having just completed a left-hand turn from the south side of the roadway, in the inside westbound lane of a six-lane (two westbound, three eastbound, and one bidirectional, center, turn lane), undivided roadway. The Chevrolet van was traveling southeast, making a left-hand turn and attempting to travel from the north to the east, on the same roadway. The front of the Continental (case vehicle) impacted the front left of the conversion van causing the case vehicle's driver side supplemental restraint (air bag) to deploy. The case vehicle rotated approximately 20 degrees counterclockwise after impact and came to rest near the point of impact in the same, inside, westbound lane heading west-southwest. The conversion van rotated approximately 25 degrees westward after impact and also came to rest in the inside, westbound lane heading south-southeast. The case vehicle's driver (38 year-old female) was not wearing the available, active, three-point lap and shoulder belt and sustained, according to her autopsy, fatal injuries which included: a basilar skull fracture (hinge type) through the middle cranial fossa involving the bilateral temporal bones, a transverse vault fracture involving the left parietal, and occipital bones, transection of the medulla oblongata at its junction with the pons, lacerations of the internal carotid arteries and sinuses—bilaterally, massive {exsanguinating} intracranial hemorrhage, fractured left ribs, mediastinal contusion, bilateral lung contusions involving hemorrhages of the hilum of the lungs, a heart valve laceration, and multiple soft tissue injuries. The right front passenger in the case vehicle (55 year-old female) was also not wearing the available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, moderate injuries which included: a concussion, left scalp contusion, and a forehead abrasion. The driver of vehicle #2 (38 year-old female) was wearing the available, active, three-point lap and shoulder belt and, according to her interview, did not sustain any injuries as a result of this crash.</p>			
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity		18. Distribution Statement General Public	
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 95-06

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED], INDIANA

SUMMARY

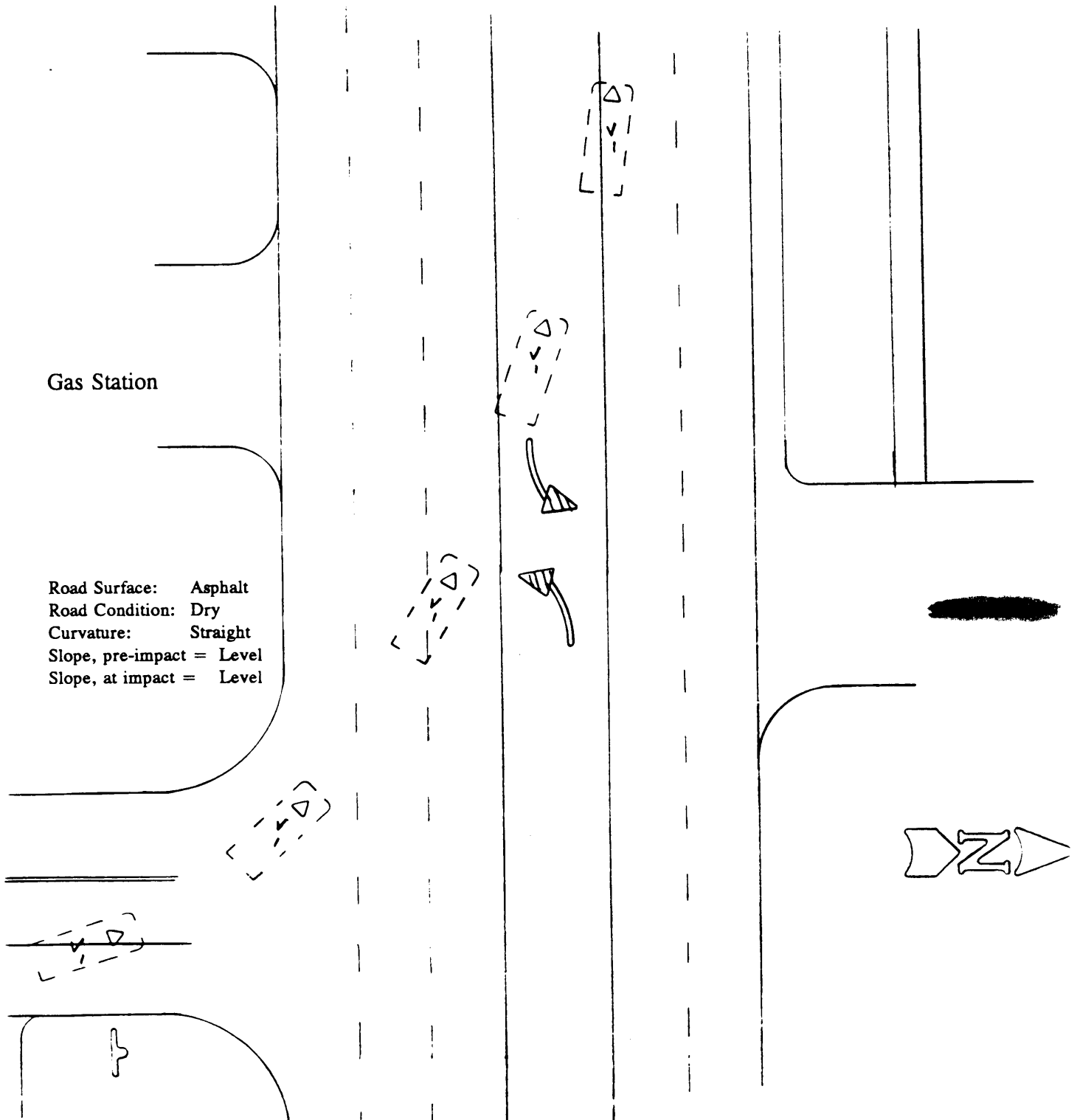
This report concerns a motor vehicle crash involving an air bag equipped 1990 Lincoln Continental, 4-door sedan and a 1993 Chevrolet, G-20 (3/4 ton), 4x2, conversion van occurring on [REDACTED], [REDACTED] 1995 at 5:25 p.m., in [REDACTED], Indiana on a [REDACTED]. This crash is of special interest because the case vehicle's deploying driver side air bag caused fatal injuries to the case vehicle's driver.

The Continental was traveling west, after having just completed a left-hand turn from the south side of the roadway, in the inside westbound lane of a six-lane (two westbound, three eastbound, and one bidirectional, center, turn lane), undivided roadway when it impacted the Chevrolet van which was traveling southeast, making a left-hand turn and attempting to travel from the north to the east, on the same roadway. The Continental rotated approximately 20 degrees counterclockwise after impact and came to rest near the point of impact in the same, inside, westbound lane heading west-southwest. The G-20 conversion van rotated approximately 25 degrees westward after impact and also came to rest in the inside, westbound lane heading south-southeast.

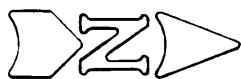
The front of the Continental impacted the front left of the G-20 conversion van. CDCs were determined to be: 12-FYEW-2 for the Continental and 11-FLEW-3 for the Chevrolet G-20 van. The OLDMISS reconstruction program was used on the impact (highest severity) to the Continental. The Total, Longitudinal, and Lateral Delta Vs are respectively: 19 k.p.h. (12 m.p.h.), -18 k.p.h. (-11 m.p.h.), and -3 k.p.h. (-2 m.p.h.).

The 1990 Lincoln Continental was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (38 year-old female) was not wearing the available, active, three-point lap and shoulder belt. She sustained, according to her autopsy, fatal injuries which included: a basilar skull fracture (hinge type) through the middle cranial fossa involving the bilateral temporal bones, a transverse vault fracture involving the left parietal, and occipital bones, transection of the medulla oblongata at its junction with the pons, lacerations of the internal carotid arteries and sinuses--bilaterally, massive {exsanguinating} intracranial hemorrhage, fractured left ribs, mediastinal contusion, bilateral lung contusions involving hemorrhages of the hilum of the lungs, a heart valve laceration, and multiple soft tissue injuries. The driver of the Continental was listed on the Police Accident Report as sustaining a "K" (fatal) injury as a result of this crash. The right front passenger (55 year-old female) in the Continental was also not wearing the available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, moderate injuries which included: a concussion, left scalp contusion, and a forehead abrasion. The passenger was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury. The driver (38 year-old female) of the conversion van was listed on the Police Accident Report as sustaining a "C" (possible) injury as a result of this crash.

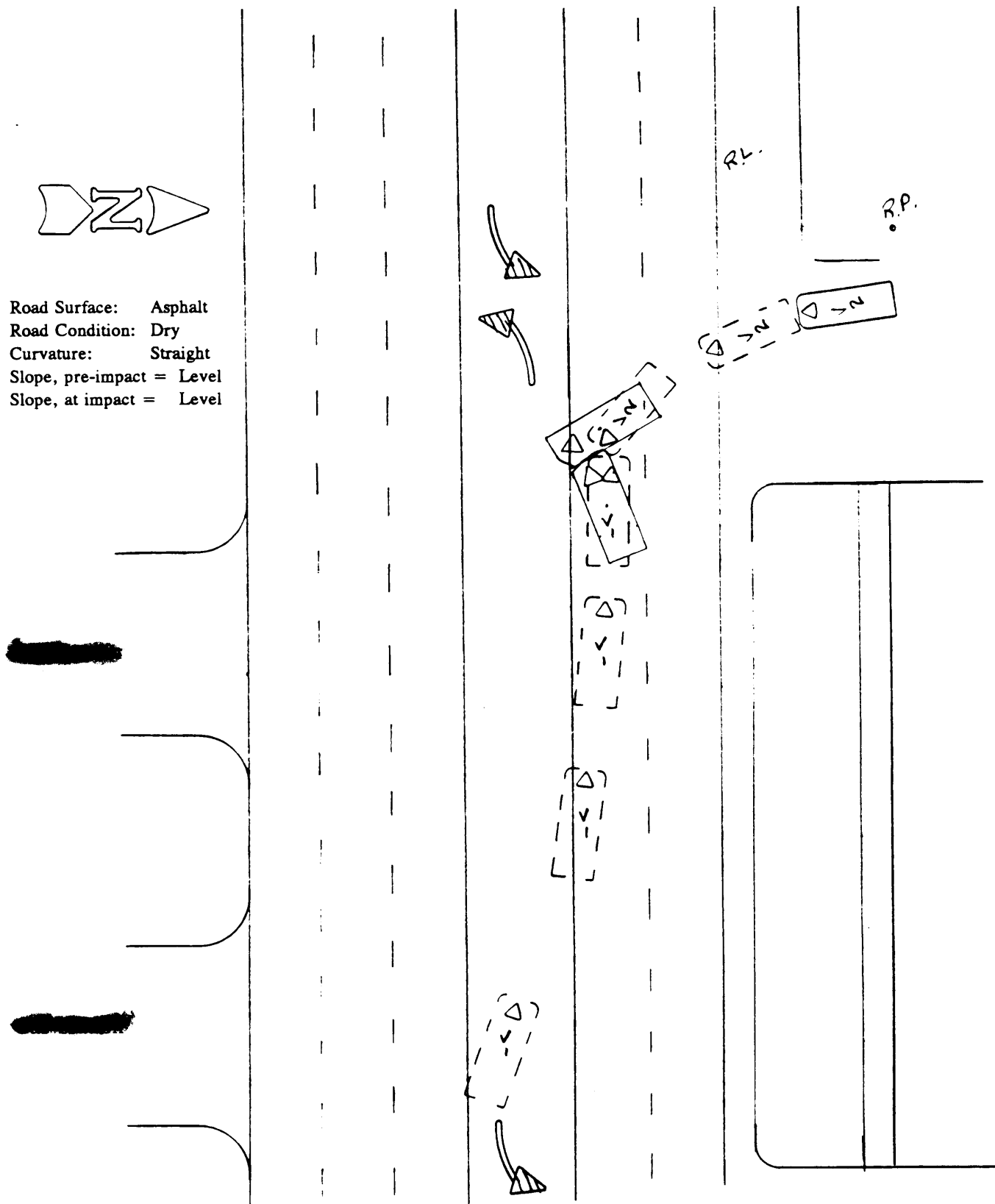
Scale: 1 cm = 2.5 m
(prior to reduction @ 92%)



Scale: 1 cm = 2.5 m
 (prior to reduction @ 92%)



Road Surface: Asphalt
 Road Condition: Dry
 Curvature: Straight
 Slope, pre-impact = Level
 Slope, at impact = Level



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 95-06

FLEET - PRIVATE VEHICLE
LOCATION [REDACTED] INDIANA

ACCIDENT DATA

Location/Street:	State Road
City/Township:	[REDACTED] County, [REDACTED] Indiana
Area/Type:	Urban, commercial
Accident Date/Time:	[REDACTED] 1995, @ 5:25 p.m.
Investigating Police Agency:	[REDACTED] Police Department
Accident Type:	Car / Van - obtuse angle
Occupant Injury Severity (air bag vehicle):	Brain stem transection (AIS-6)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State road	State road
Number of Travel Lanes:	6-lanes, undivided @ impact, 3-lanes, undivided @ pre-crash	6-lanes, undivided @ impact, 2-lane driveway, undivided @ pre-crash
Width:	3.7 m (12.0 ft) @ impact	3.7 m (12.0 ft) @ impact
Surface Type:	Bituminous @ impact	Bituminous
Median:	None	None
Shoulders:	Curbed @ pre-crash	None @ pre-crash

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Vertical alignment:	Straight	Straight
Horizontal alignment:	Level	Level
Estimated Coefficient of Friction:	.70	.70
Traffic Density:	Heavy	Heavy

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	None @ impact, regulatory sign (STOP) @ pre-crash (i.e., street)	None @ impact or pre-crash (i.e., commercial driveway)
Markings:	At impact: dashed yellow line on left and dashed white line on right; pre-crash: double solid yellow no passing/center lines on left and solid white lane line on right	At impact: no applicable markings; pre-crash: none
Speed Limit:	At impact: 64 k.p.h. (40 m.p.h.); pre-crash: 48 k.p.h. (30 m.p.h.)	At impact: 64 k.p.h. (40 m.p.h.); pre-crash: 48 k.p.h. (30 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1990	1993
Make:	Lincoln	Chevrolet
Model:	Continental	G-20 (3/4 ton), 4x2
Body Type:	4-door sedan	Conversion van
V.I.N.	1LNCM9747LY-----	2GBEG25K1P4-----
Color:	Silver	Red
Mileage:	Unknown, electronic odometer, battery cables cut by rescue	34,604 km (21,502 miles)

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Engine:	3.8 liters, EFI, V6	5.7 liters, TBI, V8
Transmission:	Automatic with overdrive	Automatic, 4-speeds
Steering:	Power-assisted, rack-and-pinion	Power-assisted, worm and gear
Brakes:	Power-assisted, 4-wheel disc	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel and hub, sunvisors, dash, A"-pillars, side door surfaces
Active Restraints:	3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position	3-point, manual, lap and shoulder belts in front, middle, and rear outboard seating positions; lap belt only at center rear bench seat
Passive Restraints:	Factory installed driver supplemental restraint system (air bag)	None
Defects:	None	None
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case vehicle
Damage location		
Damaged Plane:	Front	Front
Vertical Location		
On Plane:	Bumper & above bumper	Bumper
Direct Begins:	At left bumper corner	Unknown, repaired
Length Direct:	103 cm (40.6 in)	Unknown, repaired
Field L:	147 cm (57.9 in)	Unknown, repaired
C ₁ :	15 cm (5.9 in)	Unknown, repaired
C ₂ :	14 cm (5.5 in)	Unknown, repaired

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Deployment Impact (Continued)

C ₃ :	32 cm (12.6 in)	Unknown, repaired
C ₄ :	20 cm (7.9 in)	Unknown, repaired
C ₅ :	4 cm (1.6 in)	Unknown, repaired
C ₆ :	0 cm (0.0 in)	Unknown, repaired
D:	-26 cm (-10.2 in)	Unknown, repaired
Maximum Crush:	32 cm (12.6 in)	Unknown, repaired
Location:	C ₃	Unknown, repaired
CDC:	12-FYEW-2	11-FLEW-3
Damaged Components:	Bumper, grille, hood, and left headlight assembly and fender	Bumper, grille, and left headlight assembly, fender and front door

INTERIOR

Damaged Components:	Windshield, air bag module, sunvisors, glove box handle	Unknown, repaired
Other Evidence of Occupant Contact:	Roof & left roof side rail	Unknown, repaired
Manual Restraint System Failures:	None	Unknown, repaired
Seat Performance Failures:	None	Unknown, repaired

REPAIR

Cost Estimate:	Unknown	\$ 5,744
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VEHICLE VELOCITY ESTIMATES¹

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	OLDMISS	OLDMISS
Program Algorithm:	Not applicable	Not applicable
Travel Speed: ¹	56 k.p.h. (35 m.p.h.)	16 k.p.h. (10 m.p.h.)
Total Delta "V":	19 k.p.h. (12 m.p.h.)	13 k.p.h. (8 m.p.h.)

¹ The reported travel speeds are this contractor's best estimate; see discussion on page 49.

VEHICLE VELOCITY ESTIMATES (CONTINUED)

<u>Highest Delta "V" (Continued)</u>	Case Vehicle	Vehicle #2
Longitudinal Delta "V":	-18 k.p.h. (-11 m.p.h.)	-11 k.p.h. (-7 m.p.h.)
Lateral Delta "V":	-3 k.p.h. (-2 m.p.h.)	+7 k.p.h. (+4 m.p.h.)

COLLISION SEQUENCE

Pre-Crash: According to the Police Accident Report and the scene evidence, the case vehicle (Continental) was traveling west--having just completed a left-hand turn from a street intersecting on the south side of the roadway, in the inside westbound lane of a six-lane (two westbound, three eastbound, and one bidirectional, center, turn lane), undivided roadway and was attempting to continue westbound in the inside westbound lane. Vehicle #2 [G-20 (3/4 ton) conversion van] was traveling southeast--making a left-hand turn from a commercial driveway on the north side of the same roadway, and was attempting to travel to the east. According to the Police Accident Report² the driver of the case vehicle attempted to brake to avoid the crash³. The case vehicle continued straight ahead prior to impact. According to the Police Accident Report and the driver of vehicle #2, she did not have time to make any pre-crash avoidance maneuvers. Vehicle #2 continued its left-hand turn prior to impact. The crash occurred in the inside westbound lane of the junction of the six-lane roadway and the driveway access.

Crash: According to our inspection of the case vehicle and the on-scene photographs (see SELECTED PHOTOGRAPH #23) of the vehicle #2, the front of the case vehicle impacted the front left of vehicle #2 causing the case vehicle's driver side supplemental restraint (air bag) to deploy. According to Police Accident Report and the physical evidence present at the scene, the case vehicle rotated approximately 20 degrees counterclockwise after impact and came to rest near the point of impact in the same, inside, westbound lane heading west-southwest. Vehicle #2 rotated approximately 25 degrees clockwise after impact and also came to rest in the inside, westbound lane heading south-southeast.

Post-Crash:

Occupants: According to the Police Accident Report and an eye witness, the driver of the case vehicle remained inside the vehicle at final rest (see SELECTED PHOTOGRAPHS #47 and #48). She was unconscious and was unable because of her injuries to exit the case vehicle. The right front passenger remained inside the vehicle at final rest. According to this same eye witness the right front passenger was found unbelted and leaning forward holding her head. Her level of con-

² According to the Police (see DETAILS OF INVESTIGATION--page 21) the driver of vehicle #2 indicated to the police: "She was trying to get to the turn lane. She did not see the {case} vehicle until she heard squealing and then the impact."

³ According to the interviewee (i.e., the husband of the right front passenger) the right front passenger has no recollection of whether or not any avoidance maneuvers were attempted.

COLLISION SEQUENCE (CONTINUED)

Post-Crash: Occupants: (Continued)

sciousness was not assessed due to her inability to communicate in English⁴. She was unable because of her injuries to exit the case vehicle under her own power. The case vehicle's driver and right front passenger were not wearing the available, active, three-point lap and shoulder belts. According to the Police Accident Report and the vehicle inspection, the driver of vehicle #2 remained inside the vehicle at final rest. She was conscious and was able to exit the case vehicle. The driver of vehicle #2 was wearing the available, active, three-point lap and shoulder belt.

Police: The investigating police agency was notified of the accident within one minute (i.e., a police unit heard the impact--see page 35) and arrived on-scene within five minutes. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue: The driver was treated at the scene by emergency medical technicians and was pronounced dead. She was transported by ambulance to a medical facility where an autopsy was performed. According to her autopsy she sustained a basilar skull fracture (hinge type) through the middle cranial fossa involving the bilateral temporal bones, a transverse vault fracture involving the left parietal, and occipital bones, transection of the medulla oblongata at its junction with the pons, lacerations of the internal carotid arteries and sinuses--bilaterally, massive {exsanguinating} intracranial hemorrhage, fractured left ribs, mediastinal contusion, bilateral lung contusions involving hemorrhages of the hilum of the lungs, a heart valve laceration, and multiple soft tissue injuries. The right front passenger was transported by ambulance to a medical facility where she was hospitalized. According to her interview and her medical records, she sustained a concussion, left scalp contusion, and a forehead abrasion. The driver of vehicle #2 was transported by ambulance to a medical facility solely for the purposes of obtaining a blood alcohol sample. According to her interview, she did not sustain any injuries as a result of this crash.

Removal: Following the police investigation, the case vehicle and vehicle #2 were towed from the scene.

⁴ The police (see DETAILS OF INVESTIGATION--page 21R) indicate that this passenger has very little recollection about the crash. The interviewee (husband of occupant) indicated that she was unconscious or disoriented). A witness to the crash told the police (see SUPPLEMENTARY OFFENSE REPORT--page 21) that she had a conversation with this passenger but got no response. Finally, the emergency medical technicians evaluated this passenger as "awake and alert" but noted she was "nonverbal" throughout their contact.

HUMAN FACTORS/OCCUPANT DATA⁵

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
DRIVERS:	38 year-old female	38 year-old female
Height:	157 cm (62 in)	160 cm (63 in)
Weight:	50 kg (110 lbs)	53 kg (117 lbs)
Occupation:	Unknown	Clerical (i.e., service coordinator)
Active Restraint System/Usage:	3-point lap and shoulder/Not used	3-point lap and shoulder/Used
Usage Source:	Interviewee, and Police Accident Report	Vehicle inspection, Interviewee, and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	None
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Not applicable
Eye glasses/contacts:	None per driver's license	None per observation during in-person interview
Vehicle Familiarity:	Unknown	29 months, ~ 24,100 km (~ 15,000 mi) total, ~ 16,100 km (~ 10,000 mi) in last 12 months
Route Familiarity:	Unknown	Daily
Trip Plan:	Personal business to recreational (i.e., Bingo)	Work to home
Manner of Leaving Scene:	Transported by ambulance to a medical facility where an autopsy was performed	Ambulance ⁵
Type of Medical Treatment:	Treated by EMTs @ scene and pronounced dead	None
Blood alcohol level:	None (.00)	None (.00)

⁵ Initially the driver of vehicle #2 was transported to a medical facility just for the purpose of obtaining a blood alcohol test; however, she ended up having the test at the police department.

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

	<u>Case Vehicle</u>
RIGHT FRONT PASSENGER:	55 year-old female
Height:	165 centimeters (65 inches)
Weight:	66 kilograms (145 pounds)
Active Restraint System/Usage:	3-point lap and shoulder/Not used
Usage Source:	[REDACTED], [REDACTED] Police Accident Report
Passive Restraint System/Usage:	None
Usage Source:	Not applicable
Eye glasses/contacts:	Yes, type not specified
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Hospitalized

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Lacerated brain stem	140212.6,8	1	Left roof side rail	{Probable}
Intracranial hemorrhage, unspecified location, resulting from carotid artery lacerations	140648.5,9	1	Air bag, driver's side	{Certain}
Laceration right carotid artery and sinus	121002.5,1	1	Air bag, driver's side	{Certain}
Laceration left carotid artery and sinus	121002.5,2	1	Air bag, driver's side	{Certain}
Laceration tricuspid valve of heart	441200.5,4	1	Air bag, driver's side	{Probable}
Contusion mediastinum	Not codeable in A.I.S. '90	1	Air bag, driver's side	{Probable}
Contusions, bilateral, lungs	441410.4,3	1	Air bag, driver's side	{Probable}
Fracture, basilar (hinged), from left to right petrous portions of temporal bone through middle cranial fossa	150206.4,8	1	Left roof side rail	{Probable}
Fracture, transverse, displaced, left parietal and occipital bones	150404.3,2	1	Left roof side rail	{Probable}

CASE VEHICLE DRIVER INJURIES (CONTINUED)⁶

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fracture left ribs: 2nd and 3rd	450202.2,2	1	Air bag, bottom cover flap	{Probable}
Fractured neck ⁶	650216.2,6	6	Air bag, driver's side	{Possible}
Contusion right temporal scalp	190402.1,1	1	Roof	{Probable}
Contusion left temporal scalp	190402.1,2	1	Left roof side rail	{Probable}
Abrasion submandibular area of chin	290202.1,8	1	Air bag, top cover flap	{Certain}
Contusion neck, unspecified	390402.1,9	1	Air bag, driver's side	{Probable}
Contusions chest involving left and right breasts and manubrium of sternum ⁷	490402.1,4	1	Air bag, driver's side	{Probable}

CASE VEHICLE PASSENGER INJURIES⁸

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Cerebral concussion with amnesia	160410.2,0	2	Right windshield header	{Probable}
Contusion left scalp	190402.1,2	2	Right windshield header	{Probable}
Abrasion left forehead	290202.1,7	3	Windshield	{Certain}
Lacerations right arm and hand	790602.1,1	7	Unknown	Unknown ⁸

⁶ The autopsy never mentioned the presence of any cervical fractures and/or dislocations; however, this contractor was not provided with a complete copy of the autopsy examination. Normally, an autopsy record describes the deceased, details the injuries noted during the external examination, proceeds internally through each of the person's systems and organs, and finally, summarizes the major results of the examination. This contractor was only provided with the autopsy summary. It is noteworthy that few external injuries were mentioned in the autopsy summary. Given the cervical findings reported by the emergency medical technicians and the driver's kinematics after engaging the air bag, this contractor believes that a cervical fracture most likely occurred.

⁷ The autopsy never states that the chest was contused. Rather, the autopsy indicates the presence of hemorrhage in the chest wall. In this contractor's opinion, the presence of hemorrhage in the chest tissue taken in conjunction with the interaction between the driver and the air bag, a contusive injury most likely occurred.

⁸ The lacerations are interviewee reported and are not confirmed on the medical records. Unfortunately, this contractor was not provided with any nursing observations. Therefore, these injuries are "at best" possible, particularly in light of the fact that the interviewee reported a femur fracture and over sixty days of lost work. The medical records clearly indicate there were no fractures, and her attorney indicated telephonically that she did not have any leg fractures.

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

DRIVER KINEMATICS

According to the witness statements included in the Police Accident Report (see pages 34 and 34R), scene evidence, and the damage locations on both vehicles (i.e., primary contact area was the front left half of the case vehicle and the front left corner of vehicle #2), the case vehicle driver was in the process of traveling west in the inside westbound lane after turning from a side street on the north side of the roadway when it collided with vehicle #2 which was exiting a commercial driveway turning left (east) from the south side of the roadway and attempting to travel east in the inside eastbound lane. According to the driver of vehicle #2, the case vehicle driver most likely braked just prior to impact. As a result of the reported heavy braking, the case vehicle driver would have moved forward toward the steering wheel and air bag module. Given the case vehicle driver's height [157 centimeters (62 inches)], observed (i.e., during the vehicle inspection) seat location⁹, nonuse of available belt restraints, and injuries, the case vehicle driver was most likely near or on top of the air bag module at the time of the impact.

Based on the case vehicle and scene inspections, the case vehicle's impact with vehicle #2 not only deployed the driver's side air bag but also added additional forward, longitudinal thrust to the case vehicle driver. The case vehicle driver directly contacted the deploying air bag's top cover flap¹⁰ and air bag pitching the driver upward and deflecting her to the left. The driver's movement forward and upward sent the driver into the left side rail, roof, and sunvisor where evidence of her black hair coloring, as well as hair, were noted. It should be noted that the windshield was not contacted by the driver. The case vehicle's supplemental restraint system (air bag) caused (i.e., directly or indirectly) the fatal lesions¹¹ to this occupant. In addition, the driver's close proximity to the steering wheel (i.e., air bag) was also a major factor in this occupant's death.

After impacting vehicle #2, the case vehicle rotated counterclockwise and came to final rest essentially near the point of impact. Based on the vehicle inspection and an eye witness who was the first to observe the driver, the driver was laying across the front seats with her head to the right and her head and torso behind the right front passenger (i.e., between the passenger's back and the right front seatback). This positioning is consistent with the expected rightward and rearward movement of the driver as she rebounded off of the left roof side rail area following the case vehicle's counterclockwise rotation.

⁹ The case vehicle's driver seat was position at its forwardmost seat track position; a field measurement of 43 centimeters (16.9 inches) was taken from the driver's seatback to the hub of the steering wheel.

¹⁰ According to the vehicle inspection and the ██████ county coroner, skin and blood were found on the top cover flap.

¹¹ This contractor considers the fatal lesions to include the lacerations of the internal carotid arteries which resulted in the brain hemorrhaging, the skull fractures which most likely resulted in the laceration of the brain stem, and the laceration of the heart valve.

PASSENGER KINEMATICS

According to the interviewee (i.e., husband of the right front passenger), she was normally postured just prior to the crash and has no recollection or details of the impact. According to the driver of vehicle #2, the case vehicle's hard braking (i.e., squealing tires) just prior to the crash alerted her to the impending impact. Therefore, the right front passenger was most likely moving forward, longitudinally, toward the case vehicle's right front dash area prior to the actual impact.

According to the Police Accident Report, the interviewee, and the passenger's medical records, the right front passenger was unrestrained. Based on the inspection of the case vehicle, the impact with vehicle #2 resulted in the right front passenger being thrust forward and upward into the right upper portion of the windshield. In addition, she contacted the right sunvisor and windshield header (i.e., this contractor observed skin and hair--see **SELECTED PHOTOGRAPH #57**). Based on the injuries to this occupant (i.e., specifically, the large area of contusion along her left scalp), she most likely had her head turned toward the right prior to the interior collision. Whether her head was turned right during the pre-crash or as a reflect action just prior to impact is unknown.

As a result of the case vehicle's counterclockwise rotation, the right front passenger most likely moved toward the right "A"-pillar before she rebounded backwards toward her seatback. At final rest, according to an investigating police officer (see page 22), she was sitting in the right front seat leaning forward with her head in her hands, and the case vehicle driver was lying behind her.

AIR BAG SYSTEM**DRIVER AIR BAG**

Air Bag Diameter (seam-to-seam, deflated):	58 centimeters (22.8 inches) top-to-bottom; 66 centimeters (26.0 inches) side-to-side
Number of Vent Holes:	Two
Vent Hole Diameter:	1.5 centimeters (0.6 inches)
Vent Hole Clock Positions:	3 o'clock and 9 o'clock
Generant Residue:	No unusual amount found

DISCUSSION

The **DRIVER KINEMATICS** section above presents this contractors conclusions pertaining to how the case vehicle driver moved forward toward her vehicle's air bag module, interacted with the air bag module's cover flaps, and then was launched primarily upward but also slightly forward and leftward into the case vehicle's driver side sunvisor, hood, and left roof side rail. The **CASE VEHICLE DRIVER INJURIES** section, on pages 11 and 12, presents this contractor's best estimate of the injury mechanism most likely responsible for causing the cited lesions. The brain, skull, and cervical injuries were the most difficult to assess, and thus, are discussed in greater detail

DISCUSSION (CONTINUED)

in this section. The issue concerns which lesions were caused directly by the deployment of the driver's side air bag and which were caused secondary to the deployment when the driver's head contacted the sunvisor, roof, and left roof side rail.

Fractured neck: The emergency medical technicians palpated an unstable cervical region and noted deformity and crepitus. Neither the autopsy summary nor the coroner's report mentioned any cervical fractures. This injury was included because this contractor believes that it most likely existed; see footnote 6 on page 12. The lesion could have been indirectly caused either by the deploying air bag or by the left roof side rail. Either mechanism could have provided the necessary snapping to the cervical region to have caused a fracture. However, without any fracture documentation, it is unknown which vertebra was involved and from which direction the force occurred. This contractor decided on the air bag and indicated our certainty as *Possible*.

Lacerated brain stem: This lesion to the pontomedullary junction could have been caused either as a result of a cervical fracture, depending on the fracture's location, or the basilar skull fracture through the middle cranial fossa. Given the lack of knowledge about the cervical fracture and the known association between basilar fractures through the middle cranial fossa and brain stem lacerations, this contractor assigned the same injury mechanism to this lesion as believed to have caused the basilar skull fracture (i.e., left roof side rail) and indicated our certainty as *Probable*.

Basilar (hinged) skull fracture: Based on this contractor's experience, fractures in healthy¹² adults usually result from a significant blunt force applied directly to the specific area. Based on our injury coding experience and our assigned air bag-deployment cases, the air bag usually does not cause facial fractures. This contractor has one current case where a nasal fracture was attributed to the air bag. We have never seen a case where the mandible, maxilla, frontal, or orbital bones were fractured by the air bag itself. This contractor knows of cases where the air bag's cover flaps have caused significant fracturing to fingers, arms, and in this case ribs. With respect to internal tissue structures, a deploying air bag creates a significant energy shock wave that can radiate into a near-positioned occupant causing nonbone tissue disruption and subsequent hemorrhaging. On the other hand, our experience indicates that a focused blow to the skull can cause linear-like fracture lines to radiate outward from the site of the impact. Because the air bag's deployment propelled this occupant upward into the sunvisor, hood, and left roof side rail, there exists a strong likelihood that the left side of her skull most likely contacted the left side roof rail producing the transverse longitudinal fracture along the left side of her skull and causing a fracture line to radiate across the base of her skull from the petrous portion of her left temporal bone (i.e., the impact position) through the middle cranial fossa to the petrous portion of her right temporal bone. Based on this impact, this contractor assigned the injury mechanism to the left roof side rail and indicated our certainty as *Probable*.

Transverse left skull fracture: Based on this contractor's experience, this lesion was caused when this occupant's head contacted the roof and left roof side rail. Because the fracture transverses the left side of this occupant's skull, this contractor assigned the contact mechanism to the left roof side rail; however, because the contact point could have also been the roof, this contractor indicated our certainty as *Probable*.

¹² Healthy is used in contrast to an individual with a pre-existing bone condition or bone degradation associated with advancing age.

ACCIDENT COLLISION MEASUREMENT TABLE



ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

Case Number—Stratum 9506

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., speed limit)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

VEH. #1 VEH. #2 VEH. #3

Heading Angle _____

Surface Type Asphalt _____

Surface Condition DRY DRY _____

Coefficient of Friction _____

Grade (v/h) Measurement 14/48 _____
(between impact and final rest)

Grade (v/h) Measurement N/A _____
(at location of rollover initiation)

Reference Point: light Pole NW
corner of ent.

Reference line: NORTH EDGE OF

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
✓ ₁ FRP LF	13	6.8
RF	12.1	5
LR	15.4	5.8
RR	14.8	4
✓ ₂ FRP RR	8.2 8.5	3 5
RF	10	7.6
* All measurements based on orange spray paint marks on pavement left by Police while at scene 2 wks prior to this investigator's inspection		

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
	<p>86 4.5</p>	<p>SPEED limit 40 mph</p>

Appendix A:

POLICE ACCIDENT REPORT

INDIANA OFFICER'S STANDARD CRASH REPORT

State Form 23558(R3-7-91) Stock 302

Mail to: Indiana ~~Crash Records Section~~~~Crash Records Section~~, IN

OFFICE USE ONLY

Crash I D No

Date of Crash DAY MONTH YEAR [REDACTED] 95 [REDACTED]	Day of Week [REDACTED]	Actual Local Time 1725	AM PM 8 PM	No Motor Vehicles 2	No Injured 2	No Dead 1	No Trailers 0
County [REDACTED]	Township [REDACTED]		City/Town or Nearest City/Town [REDACTED]				
Inside Corporate Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Property? <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other	Distance and Direction From Corporate Limits Miles North _____ Miles South _____ Miles East _____ Miles West _____					
Road Crash Occurred On [REDACTED]		Intersecting Road/Mile Marker/Interchange [REDACTED]					
If not at intersection, number of feet from 16662		Direction W		Nearest Intersecting Road/Mile Marker/Interchange [REDACTED]			

Driver's Name (Last, First, MI) [REDACTED]				Driver's Name (Last, First, MI) [REDACTED]			
Address (Street, City, State, Zip) [REDACTED] IN [REDACTED]				Address (Street, City, State, Zip) [REDACTED] MI [REDACTED]			
Apparent Phys Stat (enter no.) 1	Sex F	Date of Birth MONTH DAY YEAR [REDACTED] 38	Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apparent Phys Stat (enter no.) 1	Sex F	Date of Birth MONTH DAY YEAR [REDACTED] 38	Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver's License No. [REDACTED]		Lic Type OF	Lic St IN	Driver's License No. [REDACTED]		Lic Type OF	Lic St MI

Color RED	Veh Yr 93	Make CHEVY	Model Name 1/2N	Color GRAY	Veh Yr 90	Make LINCOLN	Model Name CONTINENTAL
Veh Type (enter no.) 3	Lic Yr 94	License No. [REDACTED]	Lic State TN	Veh Type (enter no.) 1	Lic Yr 95	License No. [REDACTED]	Lic State MI
Veh Use (enter no.) 1	Speed Limit 42	Fuel Tax No. [REDACTED]		Veh Use (enter no.) 1	Speed Limit 40	Fuel Tax No. [REDACTED]	
Direction of Travel S	No Occupants 1	Fire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Axles 2	Direction of Travel W	No Occupants 2	Fire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Axles 2

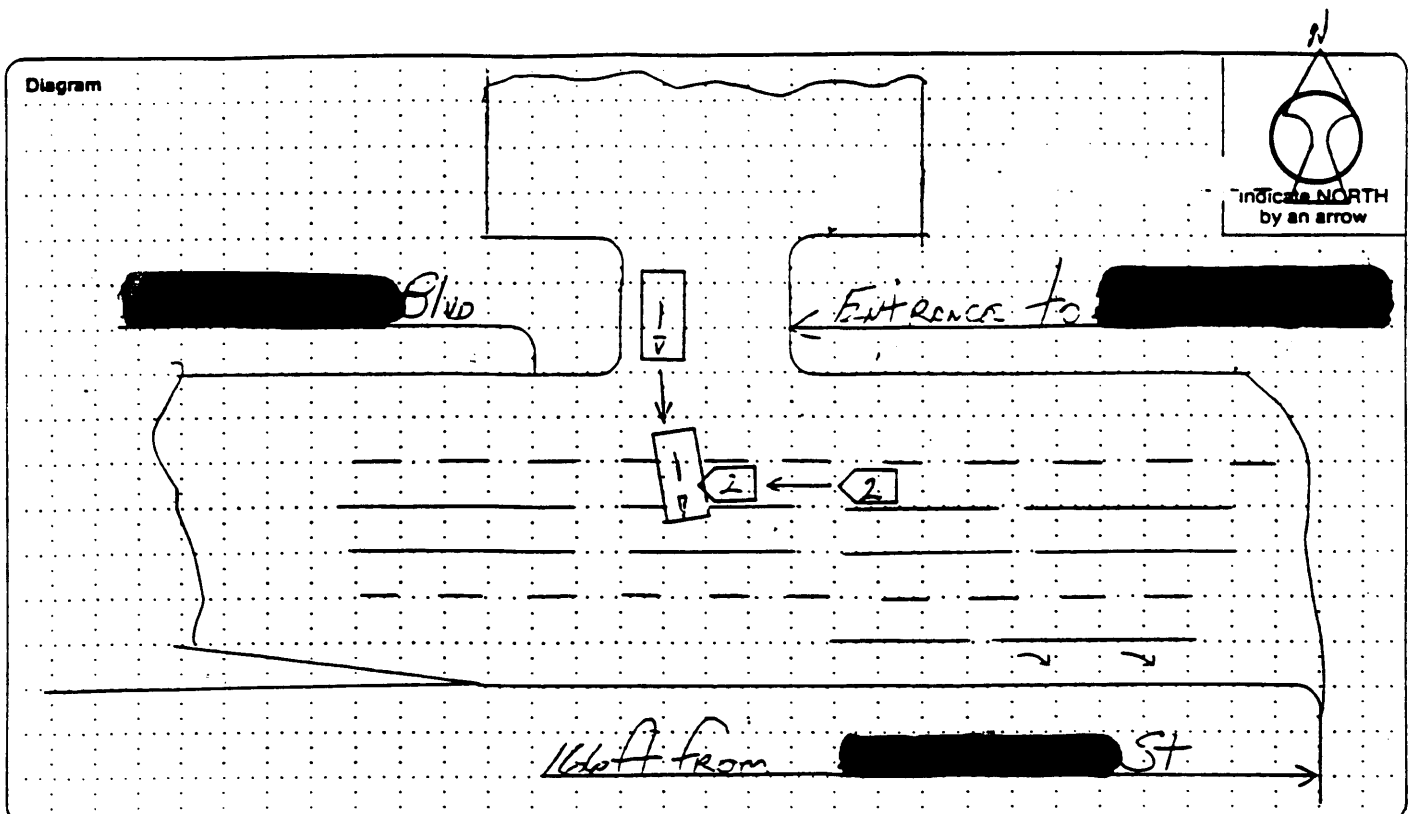
Towed To [REDACTED]	Towed By [REDACTED]	Towed To [REDACTED]	Towed By [REDACTED]
------------------------	------------------------	------------------------	------------------------

Registered Owner's Name (Last, First, MI) [REDACTED]	Registered Owner's Name (Last, First, MI) [REDACTED]
Address (Street, City, State, Zip) [REDACTED] TN [REDACTED]	Address (Street, City, State, Zip) [REDACTED] MI [REDACTED]

Registered Owner's Name (Last, First, MI) [REDACTED]	Registered Owner's Name (Last, First, MI) [REDACTED]
Address (Street, City, State, Zip) [REDACTED]	Address (Street, City, State, Zip) [REDACTED]
License No. [REDACTED]	License No. [REDACTED]
Make [REDACTED]	Make [REDACTED]
Year [REDACTED]	Year [REDACTED]
Lic St [REDACTED]	Lic St [REDACTED]
Lic Yr [REDACTED]	Lic Yr [REDACTED]

INITIAL IMPACT V1 V2 1 2 DAMAGE EST 3 7	Areas Damaged (Multiples) [REDACTED] 3 4 5 6 7 [REDACTED] 11 12 [REDACTED] 11 12	Direction [REDACTED]	Street/Highway [REDACTED]	Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apparent Phys Stat (enter no.) [REDACTED]
Name of Object [REDACTED]		What was pedestrian doing before crash? 1 Not in roadway 2 Standing in roadway 3 Playing in roadway 4 Pushing or working on vehicle 5 Other working in roadway 6 Walking in roadway with traffic 7 Walking in roadway against traffic 8 Getting on or off vehicle 9 Getting on or off school bus 10 Crossing or entering not at intersection 11 Crossing or entering at intersection 12 Other			
OWNER'S NAME AND ADDRESS [REDACTED]		Pedestrian Traffic Control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

16	17	18	19	20	21	22	23	24	25	26	27	28	29
				DRIVER OF VEHICLE 1 (as listed above)	C	10	7	1		23			100%
				DRIVER OF VEHICLE 2 (as listed above)	K	25	6	3		24			100%
				[REDACTED]	55	1	9	4	F	1			
				[REDACTED]	B								



NARRATIVE (Refer to Vehicle by Number)

DRIVER #1 stated that she had looked both ways on [redacted] Blvd and saw no one westbound on [redacted] Blvd. She did see vehicles eastbound on [redacted] Blvd but they were way down the street. Upon pulling out she was struck by VEH #2.

DRIVER #2 WAS KILLED ON IMPACT. THEY WERE WESTBOUND ON [redacted] Blvd when VEH #1 pulled out in front of them. VEH #2 left no skid marks.

WIT #1 & #2 stated that they were westbound on [redacted] Blvd. VEH #1 pulled into the path of VEH #2.

D1 Insured By [redacted]		D2 Insured By [redacted]	
Other Participant(s) Name, Address (etc.) / [redacted]			
Name of Witness No. 1 [redacted]		Address [redacted] TN [redacted]	
Name of Witness No. 2 [redacted]		Address [redacted]	
Name of Person Arrested [redacted]		I.C. Code(s) [redacted]	
Name of Person Arrested [redacted]		I.C. Code(s) [redacted]	
Time Notified 1725 AM		Time Arrived 1730 PM	
Other Location of Investigation [redacted]		Investigation Complete [redacted] Yes [redacted] No	
Assisting Officer [redacted]		I.D. No. [redacted] Agency [redacted] Traffic	
Assisting Officer [redacted]		I.D. No. [redacted] Agency [redacted] Traffic	
Investigation Officer's Signature [redacted]		I.D. No. [redacted] Agency [redacted] Traffic	
Photos Taken [redacted] Yes [redacted] No		Date of Report [redacted] 95	
Driver Report Form Furnished [redacted] D1 [redacted] D2			

FUNERAL HOME: None

HOSPITAL: [REDACTED] Hospital

WRECKER SERVICE: The van was transported to [REDACTED] Wreck Lot, towed by [REDACTED] Wrecker Service.

VEHICLE 2: 1990 Lincoln Continental (4-door) VIN: 1LNCM9747LY [REDACTED]
Michigan Plate No.: [REDACTED] Expiration Date: 1996

DRIVER 2: [REDACTED] Avenue, [REDACTED] MI
Michigan License No.: [REDACTED]
38 Date of Birth: [REDACTED] 5'2" 110 lbs.

OWNERS: [REDACTED] Avenue, [REDACTED] MI

PASSENGER: [REDACTED] IN
Telephone: [REDACTED] Date of Birth: [REDACTED] 46
SSN: [REDACTED] 47

NOTE: None

INJURIES: [REDACTED] had an abrasion to the forehead.

BLOOD TESTS GIVEN: [REDACTED] did not receive a blood test.

E.M.S. UNIT: [REDACTED] was transported to [REDACTED] Hospital along with [REDACTED]
driver #1. E.M.S. certification [REDACTED]

FUNERAL HOME: [REDACTED]

VICTIM: [REDACTED] Avenue, [REDACTED] MI

INJURIES:

E.M.S. UNIT: None

HOSPITAL: [REDACTED] was transported to [REDACTED] morgue by [REDACTED]

WRECKER SERVICE: [REDACTED] Wrecker Service, [REDACTED] IN.

NOTE: Hold for Traffic.

BLOOD TESTS GIVEN: [REDACTED] received a vitreous humor test which came back 0%.

COMMANDER'S SIGNATURE _____

Date: [REDACTED] 95

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[REDACTED] POLICE DEPT TRAFFIC DIVISION		OFFENSE: FATAL AUTO ACCIDENT FATAL #2	
		CASE NUMBER: [REDACTED]	
FATAL TRAFFIC FACTS			
FATAL INVESTIGATOR(S): Ptl. [REDACTED] Lt. [REDACTED]		DATE INVESTIGATED: [REDACTED] 1995 through [REDACTED] 1995	
VICTIM(S) NAMES(S): [REDACTED]		ADDRESS: [REDACTED] Avenue, [REDACTED] MI [REDACTED] and/or [REDACTED] IN [REDACTED] No known telephone number.	
INCIDENT LOCATION: In front of [REDACTED] or 166 feet west of [REDACTED] Street			

VEHICLE 1: 1993 Red Chevy Van, VIN: 2GBEG25K1P4 [REDACTED]
 Bearing 1994 Indiana [REDACTED]
 Plate Expiration Date: [REDACTED]-95
 Insurance Company: [REDACTED]
 Policy No. [REDACTED]

DRIVER 1: [REDACTED], Indiana [REDACTED]
 Indiana Driver's License No. [REDACTED], Issued: [REDACTED]-93 Expired: [REDACTED]-97
 Driving status is valid with no convictions on current driving record.
 36 Date of Birth: [REDACTED] F/W 5'3" 117 lbs. brown/brown

OWNER(S): [REDACTED] Indiana [REDACTED]

VICTIMS: None

NOTE: None

INJURIES: None

BLOOD TESTS GIVEN: [REDACTED] was transported to [REDACTED] Hospital. She was then taken from
 [REDACTED] Hospital at 18:44 hours and given an intoxilizer test at [REDACTED]. [REDACTED] was
 the air blank sample. The subject tested .00% at 18:45 hours by Officer [REDACTED]
 [REDACTED] Police Department, [REDACTED]. This was done at [REDACTED] in the
 City-County Building.

E.M.S. UNIT: Certification [REDACTED] was driven by [REDACTED] and his partner was [REDACTED]

DETAILS OF INVESTIGATION:

Upon our arrival at [REDACTED] at [REDACTED] we asked driver #1 what happened and she stated that she looked both ways on [REDACTED] and saw no one westbound on [REDACTED]. She did see vehicles eastbound on [REDACTED], but they were way down the street. While pulling out she was struck by vehicle #2. They were westbound on [REDACTED] when vehicle #1 pulled out in front of them. Vehicle #2 left no skid marks along with vehicle #1.

This accident happened in front of [REDACTED]. We observed that the airbag was deployed in the 1990 Lincoln Continental. At that point we observed [REDACTED] laying across the seat in a north/south direction. Her vehicle facing east/west. A large amount of blood was over the front seat. There was no movement from her as she obviously was deceased. We saw that her blouse had been ripped. Chest injuries were seen. She was bleeding through her ears and her nose. There was a great amount of blood in the passenger side of the vehicle, also in the rear floorboard of the vehicle on the passenger side.

At that point I advised that radio to play the fatal tape. Responding was Lt. [REDACTED] and the PIO officer. We contacted TSD by radio. Upon Lt. [REDACTED]'s arrival we then started the usual fatal procedures of doing the vehicle condition reports. Vehicle #1 being the 1993 Chevy van, the tires were good, lights were off, windshield was tinted, power steering, all doors opened correctly, the odometer read 21,502. The radio was off. The condition reports were done by [REDACTED] and [REDACTED].

[REDACTED] and [REDACTED] did the vehicle condition report on the Lincoln Continental. Tires were good, automatic transmission, gear position level was in drive, power steering, doors open normally, lights were off, radio unknown, odometer unknown, due to the fact the fire department cut the battery cable upon arrival. Tinted windshield, which was broken by the passenger.

[REDACTED], [REDACTED] and Lt. [REDACTED] took measurements of the area of [REDACTED] and [REDACTED], which are attached in my report. At approximately 18:30 hours, myself and Officer [REDACTED] took a file of vitreous humor from the left eye of [REDACTED]. Officer [REDACTED] transported the vitreous humor to [REDACTED] lab. The lab advised that there was 00% of alcohol or ethanol contained in the vial of vitreous humor from [REDACTED]. There was no smell of alcohol in either vehicle.

We recovered a purse inside vehicle #2, [REDACTED]'s vehicle. One black vinyl purse with contents described in cash; one five dollar bill, two one dollar bills, three quarters, five dimes, and six pennies. A checkbook with checks # [REDACTED] through [REDACTED] unwritten, a GTE calling card, NBD passport Visa card, [REDACTED] hospital card, [REDACTED] Club card, seven transaction receipts from a bank, monthly organizer, comb, cloth ribbon with Chinese character, two stamp packets, notebook paper with writing, two cards with words printed. All contents were turned over to the property room and then released to the attorney, Mr. [REDACTED].

We then cleared the scene and went back to [REDACTED] where we interviewed [REDACTED] at 19:26 hours. Present at this interview were Lt. [REDACTED], [REDACTED] and [REDACTED]. When questioning [REDACTED] she advised that she had just left [REDACTED], [REDACTED], were she works. Telephone number [REDACTED]. Hours of work at 8:00 a.m. - 5:00 p.m. Her supervisor is [REDACTED]. [REDACTED] She works as a service coordinator for [REDACTED]. She left work at 17:18 hours. She advised me that nothing was stressful at work that day. She pulled up to the roadway. A couple of cars were coming from the east and saw no one, but saw someone way down the road eastbound. She was trying to get to the turn lane. She did not see the vehicle until she heard squealing and then the impact. She advised me that she had seven hours of sleep on [REDACTED] 1995. I asked her how long she had driven the van and she advised she had bought it in [REDACTED] 1993 and had put 15,000 miles on it, as the van had 5,000 miles when they bought it with a total of 20,000 miles on it now. When I asked her if she had taken any pills or

drugs or any type of medicine, she advised no. I asked her if she was hurt in the accident. She advised me that her neck was a little sore, but her seat belt was on. She was not looked at at [REDACTED]. I asked her what she observed, she saw the airbag inflate and deflate. I asked her how soon help arrived. She picked up her car telephone number [REDACTED] and called 911 immediately. On her job she has worked for [REDACTED] since [REDACTED] 1994, and has exited the same location since that day and has not had a problem.

On [REDACTED] 1995, at 11:30 hours, Officer [REDACTED] and myself went to [REDACTED]. We took measurements of the interior in relation to the seat to the steering wheel, which we were going to have a drawing made up in reference to the accident.

At the scene was off-duty Officer [REDACTED]. She wrote a report reference this incident that she was driving east on [REDACTED]. when she saw a red Chevy conversion van in front of the shopping center located at [REDACTED]. She heard a collision, but never saw the accident. She then tried to administer first aid to the driver and passenger as she waited for the emergency units to arrive to assist in any way she could. She arrived immediately after impact.

At approximately 20:15 hours on [REDACTED] 1995, Lt. [REDACTED] and myself went to [REDACTED] Hospital. We interviewed [REDACTED] in the emergency room with her husband present. We asked what happened at the accident. She advised she was sitting in the right front passenger's seat of the Lincoln. She had no seat belt on and upon impact struck the windshield. She stated that did not see the van and she does not remember much about the accident other than hitting the windshield and being transported to [REDACTED] Hospital by E.M.S.

On [REDACTED] 1995, an autopsy was held by [REDACTED] Coroner. On [REDACTED] 1995, [REDACTED] had no seat belt on and upon the deployment of the airbag she had massive skull fractures with wide separation of the bilateral parietal bones and transverse fracture left frontal and occipital bones of the skull. There were several fractures of the ribs and several other things. The complete diagnosis is in my report from my investigation the death was caused by no seat belt and airbag deployment.

Officer [REDACTED]
[REDACTED] Police Department
[REDACTED]

COMMANDER'S SIGNATURE _____

Date: [REDACTED] 95

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31-A

WITNESS #2:

[REDACTED] (sister of [REDACTED]), [REDACTED]
[REDACTED] Indiana [REDACTED], no phone, [REDACTED]
[REDACTED]'s Statement: We just left [REDACTED] Car Rentals, turned
left when I saw a silver Lincoln turning left. She was in the far
lane when a red van pulled out in front of her. We were right
beside then when they hit so we went around to see if they were
to call for help. I did not know if the silver car was turning into
[REDACTED]'s or what. She had her turn signal on just to get into the
other lane, but the van pulled out in front of them. When we got
to the car the passenger was not wearing a seat belt in front of the
driver.

INVESTIGATING OFFICERS:

Ptl.
Lt.

ADD'L FWPD OFFICERS PRESENT:

Ptl.
Ptl.
Ptl.
Ptl.
Ptl.
Ptl.

TRAFFIC ENGINEERING REPS:

None

B OF I REPS:

They took 39 35mm pictures.

PIO:

Sgt.

CORONER'S OFFICE REPS:

None

OTHER AGENCIES:

None

COMMANDER'S SIGNATURE _____

Date: [REDACTED] 95

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FATAL #2	SUPPLEMENTARY OFFENSE REPORT	CASE NUMBER: [REDACTED]
OFFENSE: FATAL TRAFFIC FACTS	POLICE DEPARTMENT	ASSIGNED TO CASE: Ptl. [REDACTED]
VICTIM(S) NAME(S): [REDACTED] Avenue, [REDACTED] MI and/or [REDACTED] IN [REDACTED] No known telephone number.		
INCIDENT LOCATION: In front of [REDACTED] or 166 feet west of [REDACTED]		

WEATHER INFORMATION:

Temperature was 33 degrees, wind was West/Northwest.

ROADWAY TYPE/CONDITION:

Blacktop, two lanes east, two lanes west, with the center turn lane dividing the east/west lanes, accessible to traffic

TRAFFIC CONTROL PRESENT:

Heavy traffic conditions, lane control only

LIGHTING INFORMATION:

Street lights, but due to the light they were not on.

WITNESS #1:

[REDACTED] IN
Telephone: [REDACTED]

NOTE:

witness
In talking to [REDACTED] she advised she was pulling out of the car rental place on [REDACTED] heading east when a lady driving a tan Lincoln Continental was cutting over to turn left. She was driving west when a lady driving a red van pulled out of a shopping center on the north side and hit the Continental front passenger corner. On [REDACTED] 1995, I contacted [REDACTED] again and asked her if she had anything further to state. She advised me that the Continental had the left turn signal on. She thought she was doing about 20 miles per hour. [REDACTED] was driving about 30 miles per hour. The collision happened as they were right next to each other. She was in the eastbound lane. [REDACTED] was in the westbound lane. She advised that she saw the red van coming out. She saw the accident going to happen and there was nothing they could do. After the collision they turned around into the westbound lane getting behind vehicle #1. She observed that the passenger was sitting still holding her head. She could not see driver #2. She did have a short conversation with the passenger of vehicle #2, [REDACTED] and asked her if she was alright. She stated that [REDACTED] not say anything.

COPY

VICTIM

TECHNICIAN'S REPORT

CASE NUMBER

75-

OFFENSE

POLICE DEPARTMENT
INDIANA

ASSIGNED TO CASE

FATAL ACCIDENT

OFF/TECH.

CASE ASSISTANCE ASSIGNMENT
EVIDENCE DOCUMENTATION AND COLLECTIONLOCATION:

WRECKER LOT

COUNTY, IN.

DATE AND TIME:

1995 1130HRS

OFFICER REQUESTING ASSISTANCE:

OFFICER

FW

FILM ROLLS USED:

COLOR

(ONE)

B&W

NUMBER OF PRINTS ORDERED:

(FIVE)

EVIDENCE DOCUMENTED OR COLLECTED FOR SUBMISSION:

DOCUMENT BY USE OF 35MM COLOR PHOTOGRAPHY A 1990 GRV LINCOLN

CONTINENTAL, MICH. PLATE, VIN# 1LNCM9747LY AND

THE COLLECTION OF POTENTIAL EVIDENCE.

NARRATIVE: ON 1995 AT APPROXIMATELY 1130

HOURS THIS UNIT WAS REQUESTED TO DOCUMENT A VEHICLE WHICH

WAS INVOLVED IN A FATAL ACCIDENT AT AND

ON 1995.

THIS UNIT MET WITH TRAFFIC OFFICER FW

OFF/TECH.

FW

PAGE 01 OF 02

VICTIM

CASE NUMBER

TECHNICIAN'S REPORT

95-

OFFENSE

ASSIGNED TO CASE

FATAL TRAFFIC ACCIDENT

POLICE DEPT.
IN

CASE ASSISTANCE ASSIGNMENT
EVIDENCE DOCUMENTATION AND COLLECTION

LOCATION:

BLVD.

INDIANA.

DATE AND TIME:

ST. 1995 / 1810 HOURS

SUSPECT:

N/A

OFFICER REQUESTING ASSISTANCE:

FWPE

FILM ROLLS USED:

COLOR 2

B&W 0

NUMBER OF PRINTS ORDERED: 5

EVIDENCE DOCUMENTED OR COLLECTED FOR SUBMISSION: 39 35MM COLOR PHOTOGRAPHYS.

NARRATIVE: ON ST. 1995 AT APPROXIMATELY 1810 HOURS THIS UNIT AND CRIME SCENE TECH. FWPE WAS CONTACTED BY FWPE REFERENCE A REQUEST TO MAKE THE SCENE OF A FATAL TRAFFIC ACCIDENT LOCATED AT BLVD AT . UPON ARRIVAL ON THE SCENE THIS UNIT OBSERVED THAT A RED 1993 CHEVY VAN, BEARING INDIANA 1994 REGISTRATION REGISTERED TO A , AT PASS, INDIANA, HAD BEEN TRAVELING SOUTH BOUND FROM A PRIVATE DRIVE INTO THE WEST BOUND LANES OF BLVD. FAILING TO YIELD TO THE WEST BOUND GRAY 1990 LINCOLN CONTINENTAL, BEARING MICHIGAN 1995 REGISTRATION REGISTERED TO A AND MICHIGAN. THIS UNIT UNDER THE DIRECTION OF CRIME SCENE TECH. DOCUMENTED THE SCENE AND THE FINAL RESTING PLACES OF THE VEHICLES BY USE OF 35 MM COLOR PHOTOGRAPHY. NO OTHER CRIME SCENE SERVICES WERE REQUESTED AND THIS UNIT CLEARED.

FW

VICTIM	TECHNICIAN'S REPORT	CASE NUMBER 95-
OFFENSE	POLICE DEPARTMENT INDIANA	ASSIGNED TO CASE
FATAL ACCIDENT		OFF/TECH.

CASE ASSISTANCE ASSIGNMENT
continued

AT [REDACTED] WRECKER LOT LOCATED AT [REDACTED]

[REDACTED] INDIANA.

OFFICER [REDACTED] ADVISED THIS UNIT THAT HE WANTED HAIR
COLLECTED FROM THE HEAD LINER OF THE VICTIM'S VEHICLE
(SEE VEHICLE LISTED ON FIRST PAGE).

THIS UNIT DOCUMENTED THE EXTERIOR AND INTERIOR LOCATION
OF TRACE EVIDENCE/HAIR LOCATED ON THE HEAD LINER OF
VEHICLE BY USE OF 35MM COLOR PHOTOGRAPHY.

THE TRACE EVIDENCE/HAIR WAS COLLECTED FROM VEHICLE AND
TRANSPORTED TO THE CRIME SCENE OFFICE WHERE IT WAS
PACKAGED, SEALED, AND INITIALED. THE EVIDENCE WAS PLACED
INTO THE SECURE DRYING ROOM AND HELD FOR SGT. [REDACTED]
FW [REDACTED] WHO HAS THE INITIAL CASE. [REDACTED] FW [REDACTED]

OFF/TECH. [REDACTED]

FW [REDACTED]

PAGE 02 OF 02

VICTIM

CASE NUMBER

TECHNICIAN'S REPORT

95-

OFFENSE

ASSIGNED TO CASE

FATAL TRAFFIC ACCIDENT

POLICE DEPT.
IN

SUBJECT:

FATAL TRAFFIC ACCIDENT

VICTIM:

Mich.

Female oriental

D.O.B.:

License #:

VEHICLE:

1990 Lincoln Continental

Mich. Plate:

V.I.N.: 1LNCM97471Y

SERVICES REQUESTED:

SCENE: Document the scene through 35mm color photography.

AUTOPSY: Document the autopsy through 35mm color photography. Collect items of potential evidence.

DATE AND TIME:

SCENE: , 1995 at about 1725 hrs.

AUTOPSY: , 1995 at about 1015 hrs.

LOCATION:

SCENE: , IN.

AUTOPSY: , IN.

M.O.:

A female was fatally injured during an auto accident.

ACTION TAKEN:

SCENE: This unit assisted Off./Tech. FW as he requested.

AUTOPSY: This unit documented the autopsy through 35mm color photography. This unit took post-mortem prints and head and pubic hair standards.

NARRATIVE:

This unit responded with Off./Tech FW # and Technician in Training FW to

A-A

VICTIM

CASE NUMBER

[REDACTED]
[REDACTED]
TECHNICIAN'S REPORT

95-

OFFENSE

ASSIGNED TO CASE

FATAL TRAFFIC ACCIDENT

POLICE DEPT.
[REDACTED] IN

This unit collected none of the personal effects of the victim. This unit took the hair standards and fingerprints and secured them in the secure drying room of the [REDACTED]
[REDACTED]

ATTACHMENTS:

N/A.

ADDITIONAL COPIES TO:

[REDACTED] FW [REDACTED]
[REDACTED] Police Department

Dr. [REDACTED]
[REDACTED] County Coroner

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] DEPARTMENT

VICTIM

CASE NUMBER

TECHNICIAN'S REPORT

95-

OFFENSE

ASSIGNED TO CASE

FATAL TRAFFIC ACCIDENT

POLICE DEPT.

IN

reference a fatal accident. This unit assisted and as they requested during the documentation of the scene. (see report for further) At the completion of documentation this unit cleared the scene.

On and, 1995 at about 1015 hrs. this unit was present for the autopsy. Also present were Dr. and Dr. entered the autopsy later. This unit observed Dr. and un-dress the body. This unit documented the victim's jewelry through 35mm color photography. She had a gold colored ring on her left hand with clear stones in it and a watch on her left wrist. The victim was also wearing a gold colored chain around her waist. This unit documented the external and internal examination of the victim. This unit observed remove 4-\$20 bills, and 2-\$10 bills from the clothing of the victim. There was also a partial pack of Benson and Hedges cigarettes and a red lighter. These items were documented by 35mm color photography, and left with the victims personal effects. This unit obtained post-mortem finger prints from the victim. This unit also took head and pubic hair standards.

At the conclusion of the autopsy Dr. stated the preliminary cause of death was a skull fracture that cut the victims brain stem. (for additional reference the autopsy see Dr. 's report)

**POLICE DEPARTMENT
TRAFFIC DIVISION
FATAL OR SERIOUS ACCIDENTS
VEHICLE CONDITION FORM**

CONTROL #

LOCATION: BldDATE: 1/95 TIME: 17:25 HRS.VEHICLE # 2 UD meter mark Radio mark

VEHICLE TYPE <u>PASS. CAR - LINCOLN CONT</u>		
REGISTRATION <u> </u>	STATE <u>MICH</u>	YEAR <u>94</u>
SERIAL NO <u>1L80N7747L</u>		

TIRE SIZE:	MAKE:	TYPE: (CONSTRUCTION)	SIZE:	CONDITION:
LEFT FRONT	<u>GLIENRA</u>	<u>STEEL BELTED</u>	<u>P205/70R15</u>	<u>(GOOD)</u>
LEFT REAR	<u>Firestone</u>	<u>TUBELESS RADIAL</u>	<u>P205/70R15</u>	<u>(GOOD)</u>
RIGHT FRONT	<u>Firestone</u>	<u>TUBELESS RADIAL</u>	<u>P205/70R15</u>	<u>(GOOD)</u>
RIGHT REAR	<u>Firestone</u>	<u>TUBELESS RADIAL</u>	<u>P205/70R15</u>	<u>(GOOD)</u>
OTHER: <u> </u>				
OTHER: <u> </u>				

TRANSMISSION:

☒ AUTOMATIC Drive GEAR SHIFT POSITION
☐ CONVENTIONAL SPEED

STEERING:

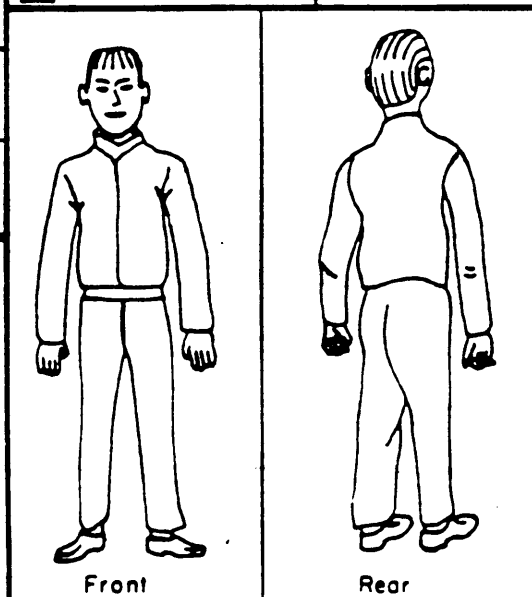
☒ POWER
☐ CONVENTIONAL

BRAKES:

☒ POWER
☐ CONVENTIONAL

Operate normally Jammed shut Locked inside Forced open	DOORS	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF <input type="checkbox"/> UNKNOWN	WINDSHIELD: <input checked="" type="checkbox"/> TINTED <input type="checkbox"/> NON-TINTED	<input type="checkbox"/> BROKEN BY OUTSIDE FORCE <input checked="" type="checkbox"/> BROKEN BY OCCUPANT CONTACT <input type="checkbox"/> NOT BROKEN

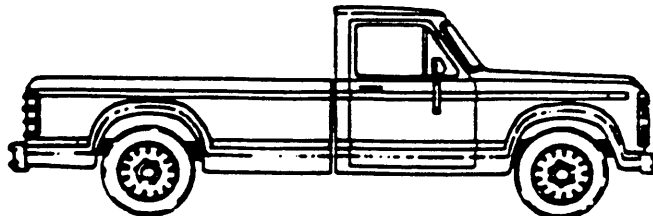
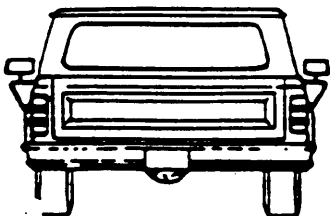
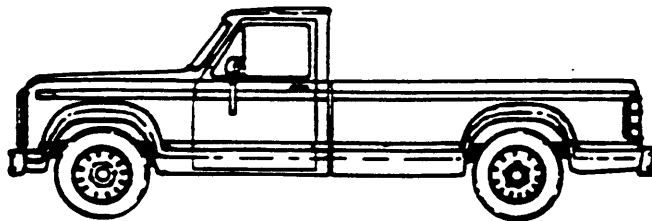
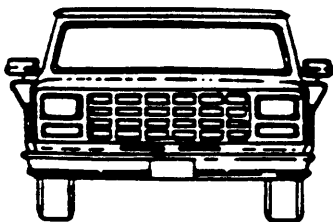
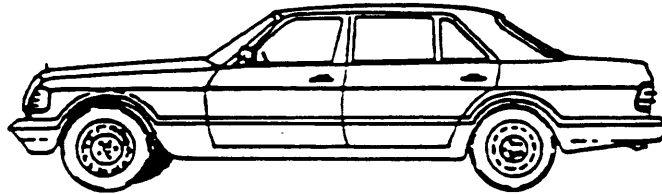
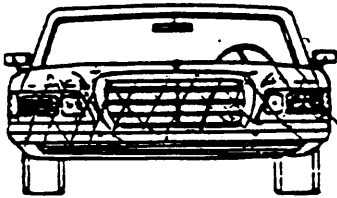
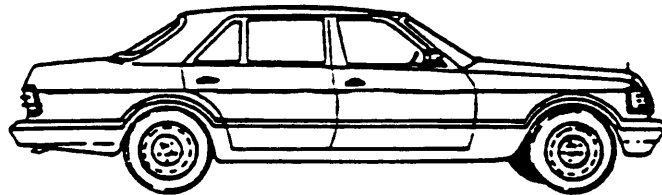
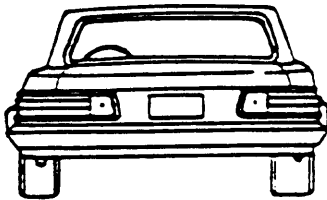
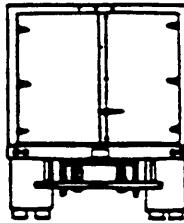
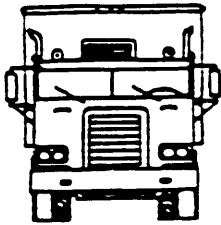
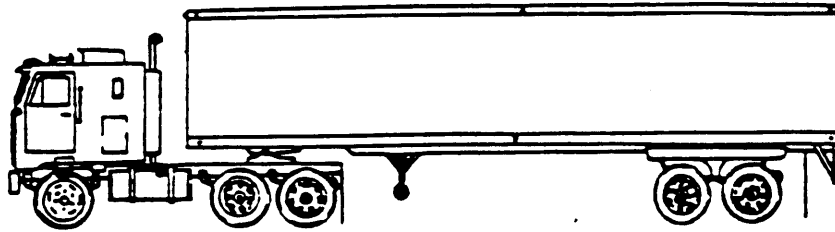
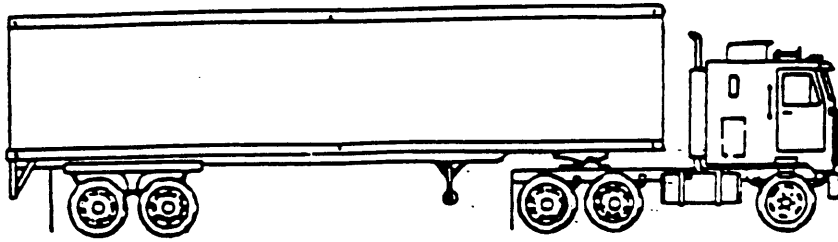
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right



SHADE IN THE INJURIES
TO CYCLIST - PEDESTRIAN

COLOR OF CLOTHING ▼

INVESTIGATING OFFICERS:



DEPARTMENT
FATAL OR SERIOUS ACCIDENTS
VEHICLE CONDITION FORM

LOCATION: [REDACTED] Blvd

DATE: 1/3/75 TIME: 17:25 HRS.

VEHICLE # 1 License # 021562 Date of Birth 11/1/52

CONTROL #

VEHICLE TYPE		
Full SIZE VAN. CHEVY		
REGISTRATION	STATE	YEAR
[REDACTED]	IN	78
SERIAL NO		
265C625K1P4 [REDACTED]		

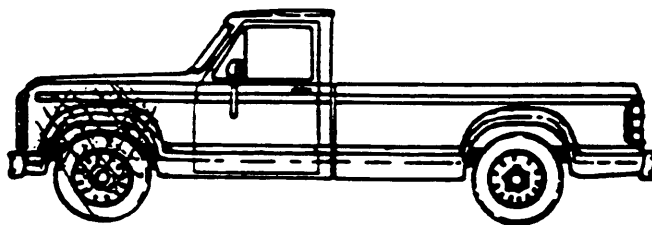
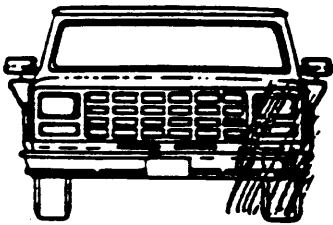
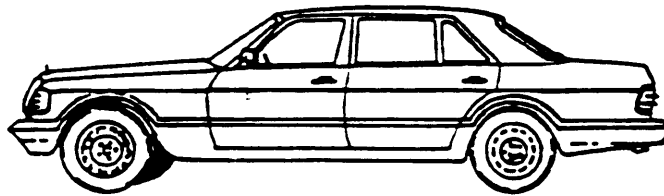
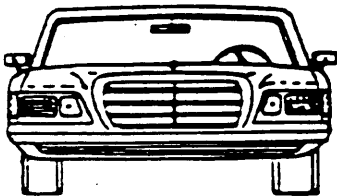
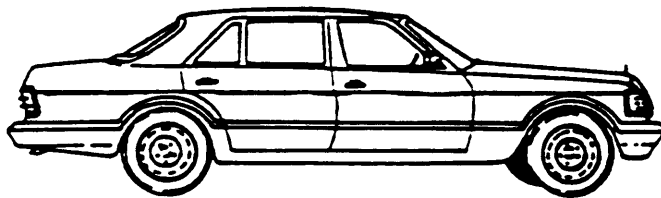
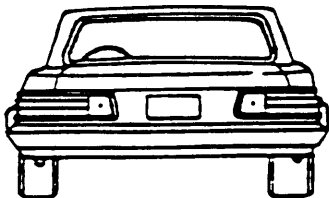
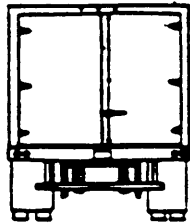
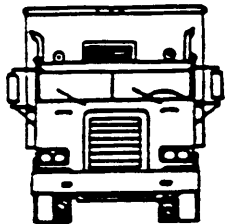
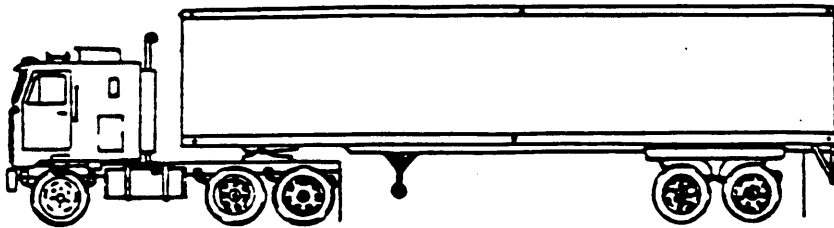
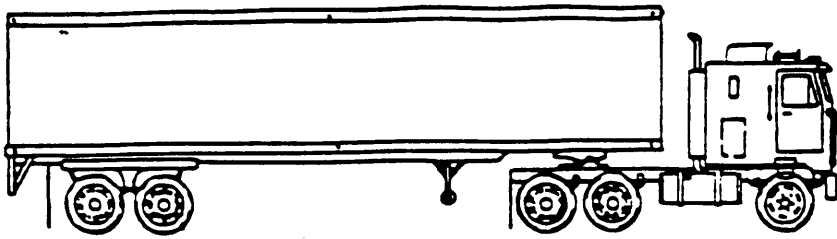
TIRE SIZE:			
MAKE:	TYPE: (CONSTRUCTION)	SIZE:	CONDITION:
LEFT FRONT GENERAL	TUBELESS RADIAL	P225/ 75R15	GOOD
LEFT REAR GENERAL			
RIGHT FRONT GENERAL			
RIGHT REAR GENERAL			
OTHER: _____			
OTHER: _____			

TRANSMISSION:		STEERING:		BRAKES :	
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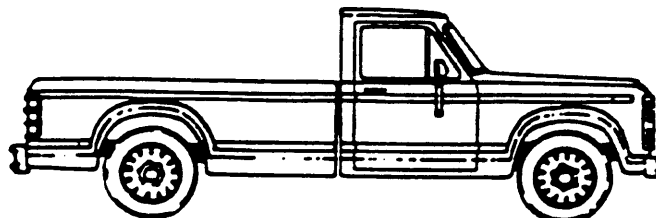
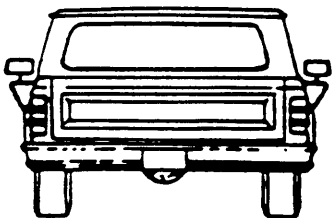
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	<input type="checkbox"/> UNKNOWN		<input checked="" type="checkbox"/> NOT BROKEN

[illegible]

INVESTIGATING OFFICERS:



(CHEVY VAN
Full SIZE)



BEST AVAILABLE COPY

REFERENCE POINT IS :

16571131st of
LOCATION: [REDACTED]
DATE: 09/09/95 DAY: 09 TIME: 1725 HRS.

TRAFFIC ENGINEER ASSIST:

None

28-A

POLICE DEPT. - TRAFFIC DIVISION
SERIOUS OR FATAL ACCIDENTS MEASUREMENTS

REFERENCE POINT IS: [REDACTED]

B/V - 1225

REFERENCE POINT TO OBJECTS BELOW	NORTH	SOUTH	EAST	WEST
[REDACTED] CORNER				
VEH #2 L/R CORNER		17.0		150.5
" R/R CORNER		12.2		152.2
" R/F CORNER		18.2		168.2
" L/F CORNER		23.0		164.1
VEH #1 L/F CORNER		23.0		166.2
" R/F "		26.2		171.4
" L/R "		8.7		174.1
" R/R		11.7		180
VEH #1				
TOTAL LENGTH 16.9				
" WIDTH 6.7				
" WB 10.6				
VEH #2 TOTAL LENGTH 16.4				
WIDTH 5.3				
WB 9.1				
DRIVE WAY WIDTH 35.0				

INVESTIGATING OFFICERS: [REDACTED]

TRAFFIC ENGINEER ASSIST: [REDACTED]

PHOTOGRAPHS 38 UNIT [REDACTED]

FW [REDACTED]

LOCATION: [REDACTED]
 DATE: 1/95 DAY: [REDACTED] TIME: 1725 HRS.

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place _____
 Date 1/25
 Time 1920

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

Witness: 

Witness: 

Time : 1933 PM

Signed X

[Driver Vehicle #2
for NASS CDS purposes]

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness: 

Witness: 

Time : 1930 PM

Signed X

INTOXILYZER 5000 REPORT OF ALCOHOL CONTENT 1725

Name of Subject: [REDACTED] DRIVER VEHICLE #2 for NASS CDS
Name of Certified Instrument Operator: [REDACTED] purposes
Other Persons Present: [REDACTED] FW [REDACTED]
[REDACTED] FW [REDACTED]
Subject First Observed at: 1725 a.m. By: [REDACTED]
Continuous Period of observation of 80 minutes prior to test.

Steps Followed:

- (✓) 1. The person to be tested must have had nothing to eat or drink, must not have put any foreign substance in his/her mouth or respiratory tract, and must not smoke within twenty (20) minutes prior to the time a breath sample is taken.
- (✓) 2. Power switch must be in the ON position. Depress the START TEST button when indicated on the LE screen.
- (✓) 3. Fill in a PRINT RECORD card with the appropriate information and place it in the PRINTER SLOT.
- (✓) 4. When instrument displays "Please Blow", attach a new mouthpiece to the BREATH TUBE and instruct the subject to deliver his breath sample until the audible signal stops.
- (✓) 5. Check the PRINT RECORD to be sure it is correct.
- () 6. If a failure to provide an adequate breath sample was caused by the lack of cooperation by the subject, the operator should record that the test was refused.

FATAL ACCIDENT INVESTIGATION

Date/Time Received:

95 17.25

Incident Type:

Location:

Fatal Tape played:

17:37

Paged Duty Chief:

Weather Info:

Temp: 33°

Wind Dir: *090* Speed: *12 MPH*

Weather Conditions:

Humidity 59%

ACKNOWLEDGEMENTS:

PIO:

B OF I:

Traffic Eng.

Coroner:

18:45

Traffic Investigator:

Shift Supervisor Radio #

FEDERAL SIGNAL CORP. / OMI INC
 INTOXILYZER - ALCOHOL ANALYZER
 IN MODEL 5000 SN [REDACTED]
 [REDACTED] 195

TEST	BAC VALUE	TIME
AIR BLANK	.00	18:42
SUBJECT TEST	.00	18:43
AIR BLANK	.00	18:45
REPORTED VALUE	.00	18:45

[DRIVER VEHICLE #2 for NASS CDS]

[REDACTED]	
SUBJECT'S NAME	
TIME FIRST OBSERVED	CITY / Co BLOC
INSTRUMENT LOCATION	
[REDACTED]	FL [REDACTED]
OPERATOR	
ADDITIONAL INFORMATION AND OR REMARKS	

INTOXILYZER[®] INSTRUMENT PRINTER CARD

© 1986 by



CITY OF [REDACTED] TOW AND INVENTORY FORM

☒ [REDACTED] POLICE DEPARTMENT FWP NO. [REDACTED]
☐ DIVISION OF PUBLIC WORKS ☐ AV WAIVER DPW NO. [REDACTED]
☐ STOLEN VEHICLE ☐ STOLEN PLATE ONLY 4DR TIME 17:25 DATE 7/95
 MAKE LINCOLN YEAR 90 MODEL CONTINENTAL COLOR GRAY
 VIN 1LNCM9747LY [REDACTED] LIC NO. [REDACTED] STATE MI EXP 1/96
 TOWED FROM [REDACTED] TOWED TO [REDACTED]
 TOW DRIVER [REDACTED] TOW SERVICE [REDACTED]
 OFFICER [REDACTED] REASON TOWED CONTINUED INVESTIGATION
 LIC REG [REDACTED] ADDRESS [REDACTED] ()
 IF OTHER VEH: MAKE [REDACTED] YEAR [REDACTED] MODEL [REDACTED] VIN [REDACTED]
 VIN REG [REDACTED] ADDRESS [REDACTED] ()
 TITLE HOLDER [REDACTED] ADDRESS [REDACTED] ()
 LIEN HOLDER [REDACTED] ADDRESS [REDACTED] ()
 DRIVER [REDACTED] ADDRESS [REDACTED] ()
 DOB [REDACTED] SSN [REDACTED] HOLD FOR TRAFIC
 OFFICER RELEASING VEH [REDACTED] PE [REDACTED] TIME [REDACTED] DATE [REDACTED]

I, the undersigned, acknowledge receiving a release form for the above described vehicle from the Fort Wayne Police Department.

SIGNATURE [REDACTED] SSN [REDACTED] DATE [REDACTED]

INVENTORY: FRONT SEAT(S) cup, KLEENEX

CONSOLE/GLOVE COMPARTMENT LOCKED: LATCH HANDLE BROKEN

UNDER SEAT(S) LINK

DASH & VISOR(S) CLEAN

BACK SEAT W/4 Pillow (PINK) Stationery, Misc. Books/Mag

TRUNK LOCKED

OTHER [REDACTED]

DISTRIBUTION: WHITE AND YELLOW TO DESK SGT; CANARY WITH VEHICLE;
PINK TO DIVISION OF HOLD OR AUTHORIZING TOW

POLICE DEPARTMENT TRAFFIC DIVISION **AT SCENE**
POLICY FOR SERIOUS AND FATAL MOTOR VEHICLE ACCIDENTS

A. ROUTINE PROCEDURE

DATE 95 TIME 1730 HRS. CONTROL NO. 95-
LOCATION [REDACTED]
AIR TEMP. 330 F. WIND SPEED 12 DIRECTION WNW
ROADWAY CONDITION DRY
LIGHTING CONDITION Daylight
WEATHER CONDITION Clear
VEHICLE CONDITION REPORTS MADE BY [REDACTED]
E. M. S. REPORTS AND/OR FIRE DEPARTMENT REPORTS
WITNESS STATEMENTS
PARTICIPANT STATEMENTS (IF POSSIBLE)
WALK THROUGH THE ACCIDENT
IDENTIFY PHYSICAL EVIDENCE
IDENTIFY "IMPACT AREA"
IDENTIFY "REFERENCE POINT"
MAKE AN EXAMINATION OF VEHICLES INVOLVED

E. MEASUREMENTS - THINGS TO RECORD

SKID MARKS	WIDTH OF ROADWAYS
TIRE PRINTS	LANE WIDTHS
IMPACT AREA	DRIVEWAYS
DEBRIS	GUARDRAILS OR BARRIERS
GOUGE MARKS	PARK STRIPS
VEHICLE PARTS	SIDEWALKS
BODY(S)	CROSSWALK
PATH OF VEHICLES	EYESIGHT LEVEL OF DRIVER
FINAL RESTING PLACE OF VEHICLES	BUMPER HEIGHTS
POLES, SIGNS, TREES, WALLS, BLDGS., CURBS, ETC.	OBSTRUCTIONS OR HAZARDS

C. PHOTOGRAPHS, PHOTOGRAPHER:

PATHS OF VEHICLES	TRAFFIC SIGNS
SKID MARKS	GOUGE MARKS
TIRE MARKS (PRINTS)	VEHICLES (ALL 4 SIDES)
DEBRIS	VEHICLE INTERIOR & IMPACT AREAS
IMPACT AREA	OFF-ROADWAY CONTACT
VEHICLE PARTS	PAVEMENT MARKINGS
FINAL RESTING PLACE	DRIVER'S VIEW
BODIES	PEDESTRIAN'S VIEW
ALL DIRECTIONS	TRAFFIC SIGNALS (RED, AMBER, GREEN)
REFERENCE POINT	OBSTRUCTIONS TO VIEW, ETC.

D. AT-SCENE VEHICLE EXAMINATION

POSSIBLE WINDOW OBSTRUCTION	INTERIOR (CONTENTS)	
STEERING	HEATER CONTROLS (DEF., A.C., ETC.)	
BRAKES	RADIO (OFF-ON)	
LIGHTS	GEAR SELECTOR	
TIRES	TRUNK (CONTENTS)	
UNDERCARRIAGE	RESTRAINTS	
WIPERS	DOOR LOCKS	
SPEEDOMETER	GLOVE COMPARTMENT	

*Battery Co
Wt by Fr
Dgt*

Battery Cobl-
wt by Fire
Dept

E. MISCELLANEOUS AT SCENE

PAVEMENT MARKINGS _____
SIGHT RESTRICTIONS NONE
TEST SKIDS, IF POSSIBLE _____ FEET AT 25 MPH _____ FEET AT 30 MPH
COEFFICIENT OF FRICTION _____
✓ BLOOD ALCOHOL SAMPLE AS SOON AS POSSIBLE. IF DEAD, OBTAIN A VITRE-
OUS HUMOR.
✓ NEWS RELEASE NOTIFY NEXT OF KIN (OVER)

STATE POLICE ALCOHOLIC INFLUENCE REPORT FORM

CHECK PROPER BLANK IN EACH COLUMN		STATUS OF SUBJECT		TRAFFIC	INVOLVEMENT	CASE NO. <u>95</u> DISTRICT _____
TYPE CASE						
<input checked="" type="checkbox"/> FATAL ACC.	<input checked="" type="checkbox"/> DEAD	<input type="checkbox"/> INJURED	<input type="checkbox"/> NOT INJURED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	
<input type="checkbox"/> P.I. ACC.				<input type="checkbox"/> PEDESTRIAN		
<input type="checkbox"/> P.D. ACC.				<input type="checkbox"/> VICTIM		
<input type="checkbox"/> HOMICIDE				<input type="checkbox"/> ACCUSED		
<input type="checkbox"/> SUICIDE				<input type="checkbox"/> OTHER: _____		
<input type="checkbox"/> OTHER: _____						

OBSERVATIONS:

Check appropriate square before each word best describing condition or observation.

CLOTHES:	<input type="checkbox"/> Disorderly	<input type="checkbox"/> Disarranged	<input type="checkbox"/> Soiled	<input type="checkbox"/> Mussed	<input type="checkbox"/> Orderly
Describe: _____					
BREATH:	<input type="checkbox"/> Odor of alcoholic beverage	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Faint	<input type="checkbox"/> None
ATTITUDE:	<input type="checkbox"/> Excited	<input type="checkbox"/> Hilarious	<input type="checkbox"/> Talkative	<input type="checkbox"/> Carefree	<input type="checkbox"/> Sleepy
	<input type="checkbox"/> Profanity	<input type="checkbox"/> Combative	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Insulting	<input type="checkbox"/> Cooperative
UNUSUAL ACTIONS:	<input type="checkbox"/> Hiccoughing	<input type="checkbox"/> Belching	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fighting	<input type="checkbox"/> Crying
	<input type="checkbox"/> Laughing	<input type="checkbox"/> Other: _____			
SPEECH:	<input type="checkbox"/> Not Understandable	<input type="checkbox"/> Mumbled	<input type="checkbox"/> Slurred	<input type="checkbox"/> Thick Tongued	
	<input type="checkbox"/> Confused	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Accent	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
Indicate other unusual actions or statements: _____					
Signs or complaint of illness or injury: _____					

PERFORMANCE TESTS:

BALANCE:	<input type="checkbox"/> Falling	<input type="checkbox"/> Needed Support	<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
WALKING:	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
TURNING:	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
FINGER-TO-NOSE:	Right: <input type="checkbox"/> Completely Missed	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Sure		
	Left: <input type="checkbox"/> Completely Missed	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Sure		
ABILITY TO UNDERSTAND INSTRUCTIONS:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good		
Test Performed: Date _____ Time _____ am/pm					

OBSERVER'S OPINION:

EFFECTS OF ALCOHOL:	<input type="checkbox"/> Extreme	<input type="checkbox"/> Obvious	<input type="checkbox"/> Slight	<input type="checkbox"/> None
ABILITY TO DRIVE:	<input type="checkbox"/> Unfit	<input type="checkbox"/> Fit		
Indicate what first led you to suspect alcoholic influence: _____				

OBSERVATIONS AND PERFORMANCE TESTS:

Given by: _____	Rank: _____	Dept: _____
Witnessed by: _____		

CHEMICAL TEST DATA:

Sample taken by: _____	Involuntary <input checked="" type="checkbox"/>
at <u>1955</u> am/pm	Voluntary <input type="checkbox"/>
Date taken: <u>9/5</u>	
Sample delivered by: _____	Date: <u>9/5</u> Time: <u>1930</u> am/pm
Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Unable	
Analysis result: <u>NONE</u>	If breath, what instrument? _____
Remarks or Data: _____	
Sample was analyzed by: _____	Date: _____
Other person to be notified: _____	

Investigating Officer: _____

Department: _____

**POLICE DEPARTMENT
PROPERTY RECORD AND RECEIPT**

TYPE OF INVESTIGATION

FATAL ACCIDENT

CONTROL NO.

95-

DATE OF INCIDENT

TIME OF INCIDENT

LOCATION OF INCIDENT

LAB NO.

DEC 95**1725****[REDACTED] AND [REDACTED] Q.50**

NAME OF COMP.

ADDRESS (NO., STREET, CITY, STATE)

PHONE

TRAFFIC OFFICER [REDACTED]**[REDACTED] IN**

NAME OF BUSINESS

ADDRESS (NO., STREET, CITY, STATE)

PHONE

NAME OF VICTIM

ADDRESS (NO., STREET, CITY, STATE)

PHONE

[REDACTED]**[REDACTED] MI.****UNKNOWN**

SUBJECTS ARRESTED OR SUSPECTS

2**1.****4.**

OFFICER INITIATING & PACKAGING EVIDENCE:

DATE

DEC 95

FROM

OFFICER [REDACTED]**PE [REDACTED]**TIME **1140HRS**COMPLAINANT ☐SCENE ☐OTHER **VEHICLE**

ITEM # DESCRIPTION: INCLUDE QUANTITY, COLOR, SERIAL NUMBER OR IDENTIFYING MARKS

SEALED PLASTIC BAG CONTAINING TRACE EVIDENCE/HAIR COLLECTED FROM**HEAD LINER NEAR REAR VIEW MIRROR OF A 1990 GRAY LINCOLN CONTINENTAL****MICH. PLATE, [REDACTED], VIN# 1LNCM9747LY [REDACTED] 1140HRS.****SEALED PLASTIC BAG CONTAINING TRACE EVIDENCE/HAIR COLLECTED FROM****HEAD LINER ABOVE DRIVER'S SEAT OF 1990 GRAY LINCOLN CONTINENTAL****MICH. PLATE, [REDACTED], VIN# 1LNCM9747LY [REDACTED] 1141HRS.**

ITEM #	DATE/TIME	FROM: SIGNATURE, PE	TO: SIGNATURE, PE	CODE	LAB REQUESTS
95	1140-1141	90 LIN CONT (GRY)	[REDACTED] Fu [REDACTED]	T	
95	1215	[REDACTED] Fu [REDACTED]	Property Room	S	

CODES: C - COURT
D - DESTROYEDR - RELEASED
S - STOREDSS - CITY SALE
T - TRANSFERREDE - EXAMINATION
I - INVENTORY

COPIES: WHITE-EVIDENCE, YELLOW-RECORDS, PINK-INVESTIGATOR, GREEN-OFFICER

TOXICOLOGY - TDM
SUPERIOR BUSINESS FORMS

TEST	THERAPEUTIC RANGE	RESULT	TEST	THERAPEUTIC RANGE	RESULT
ALCOHOL (ETHANOL)		NOTE: unit	ANTIBIOTIC LEVELS		
ACETAMINOPHEN			GENTAMICIN	PEAK 5-10 ug/ml TROUGH < 2 ug/ml	
CARBON MONOXIDE			TOBRAMYCIN	PEAK 2-10 ug/ml TROUGH < 2 ug/ml	
LITHIUM	0.5-1.5 mEq/L		AMIKACIN	PEAK 20-35 ug/ml TROUGH 1-6 ug/ml	
SALICYLATES			LIST ANY OTHER ANTIBIOTIC DRUGS BEING GIVEN TO PATIENT		
THEOPHYLLINE	10-20 ug/ml		DRUG SCREEN		
CARBAMAZEPINE (TEGRETOL)	4-12 ug/ml		TYPE OF SPECIMEN		
MYOINOLINE (PRIMOONE)	5-12 ug/ml		CANNABINOID SCREEN (URINE)		
PHENOBARBITAL	15-40 ug/ml		RESULT		
PHENYTOIN (DILANTIN)	10-20 ug/ml		COMMENTS - (LAB USE ONLY)		
ETHOSUXIMIDE (ZARONTIN)	40-100 ug/ml		PATIENT INFORMATION REQUIRED COMPLETE FOR ALL REQUESTS		
VALPROATE (DEPAKENE)	40-100 ug/ml		TIME OF LAST DOSE	DOSE	TIME OF NEXT DOSE
DIGOXIN (LANOXIN)	0.5-2.4 ng/ml		ADMINISTRATIVE ROUTE		
DILTIOZIN (CIVISTODIGIN)	0-25 ng/ml		ORAL		
PROCAINAMIDE	4-10 ug/ml		INTRA-VENOUS		
NAPA (ACTIVE METABOLITE)			TIME START		
PA - NAPA	0-30 ug/ml		TIME STOP		
QUINIDINE	2.0-5.0 ug/ml				
LIDOCAINE	1.2-6.0 ug/ml				
DISOPYRAMIDE (MORPACE)	2.0-5.0 ug/ml				

MEDICAL CENTER

F/D DOB

Blood Alcohol - V. L. H. H. H.

OTHER (SPECIFY)		TIME TO BE DRAWN (SPECIFY)	
BRAND NAME (SPECIFY)			
COLLECTED BY	REC'D BY	TIME	DATE
PHLEBOT 71100	SIGNATURE OF PERSON PREPARING REQUISITION	DATE ORDERED	
ST 04500	ANALYST	TIME REPORTED	DATE
04999	SERVICE CODE	CHARGE	
TOXICOLOGY - TDM		DEPT. CODE	

PERFORMANCE TESTS:

BALANCE:	<input type="checkbox"/> Falling	<input type="checkbox"/> Needed Support	<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
WALKING:	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
TURNING:	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Unsure	<input type="checkbox"/> Sure
FINGER-TO-NOSE:	Right: <input type="checkbox"/> Completely Missed	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Sure		
	Left: <input type="checkbox"/> Completely Missed	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Sure		
ABILITY TO UNDERSTAND INSTRUCTIONS:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good		
Test Performed: Date _____ Time _____ am/pm					

OBSERVER'S OPINION:

EFFECTS OF ALCOHOL:	<input type="checkbox"/> Extreme	<input type="checkbox"/> Obvious	<input type="checkbox"/> Slight	<input type="checkbox"/> None
ABILITY TO DRIVE:	<input type="checkbox"/> Unfit	<input type="checkbox"/> Fit		
Indicate what first led you to suspect alcoholic influence: _____				

OBSERVATIONS AND PERFORMANCE TESTS:

Given by: _____	Rank _____	Dept. _____
Witnessed by: _____		

CHEMICAL TEST DATA:

Sample taken by _____	Involuntary <input type="checkbox"/>
at _____ am/pm	Date taken _____
Sample delivered by _____	Voluntary <input type="checkbox"/>
Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Unable	
Analysis result: _____	If breath, what instrument? _____
Remarks or Data: _____	
Sample was analyzed by _____	Date _____
Other person to be notified _____	

Investigating Officer _____ Department _____

POLICE DEPARTMENTVOLUNTARY STATEMENT OF WITNESS TO ACCIDENTDATE 95 LOCATION OF ACCIDENT Blvd.

I, the undersigned, understand that any statement made by me will become a permanent part of the Investigating Officer's Report and may or may not be used as evidence in Court. I hereby declare the following statement is made of my own free will, without promise or hope of reward, without threat or favor, by any person whomsoever, and I further declare the facts herein to be true to the best of my knowledge.

I pulled out of Cap Rental Place on
 Blvd. heading EAST when
 a lady driving ~~red van~~ a TAN Lincoln
 Continental was cutting over to turn
 left (she was driving west), when a
 lady driving a RED VAN pulled out of
 a shopping center on the North side
 and hit the Continental front
 passengers corner.

WITNESS _____

SIGNATURE _____

WITNESS _____

ADDRESS _____

DATE 95 PHONE NO. LUCK

BRO

Cousin

POLICE DEPARTMENTVOLUNTARY STATEMENT OF WITNESS TO ACCIDENTDATE 1995 LOCATION OF ACCIDENT

I, the undersigned, understand that any statement made by me will become a permanent part of the Investigating Officer's Report and may or may not be used as evidence in Court. I hereby declare the following statement is made of my own free will, without promise or hope of reward, without threat or favor, by any person whomsoever, and I further declare the facts herein to be true to the best of my knowledge.

WE JUST LEFT CHE RENTAL TURNED LEFT
 WHEN I SAW A SILVER LINCOLN TURNING LEFT, SHE
 WAS IN THE FAR LANE WHEN A RED VAN PULLED OUT
 IN FRONT OF HER. WE WERE RIGHT BESIDE THEM
 WHEN THEY HIT SO WE TURNED AROUND TO SEE IF
 THEY WERE OKAY + TO CALL FOR HELP. I DON'T
 KNOW IF THE SILVER CAR WAS ^{turning} pulling into
 OR IF SHE HAD HER TURN SIGNAL ON JUST TO GET
 IN THE OTHER LANE. BUT THE VAN PULLED OUT IN
 FRONT OF THEM. THEN WHEN WE GOT TO THE CAR
 THE PASSENGER WAS NOT WEARING A SEAT BELT
 AND IN FRONT OF THE DRIVER.

WITNESS SIGNATURE WITNESS ADDRESS DATE 1995PHONE NO. N/A

NO WORK PHONE
 EITHER
 Able to contact me
 at MOTHERS

POLICE DEPARTMENT

(PRINT OR TYPE ONLY)

11 COMPLAINT NO.



**CHECK
OVER**

PRINT OR TYPE ONLY

4954

Appendix B:

VEHICLE #2 REPAIR ESTIMATE

NAME: _____
 ADDRESS: _____
 INSURANCE CO: _____
 CLAIM NO: _____

DATE: _____, 1995
 ASSURED ☒ CLAIMANT
 PHONE: w-_____, h-_____
 APPRAISER: _____

=====

MAKE	YEAR	MODEL	STYLE	SERIAL NO.	LICENSE NO.	MILEAGE
Chev	1993	Van - 20	E-Vans	2GBFG25K1P4		21,501

=====

Replace		Stra.		Description	Parts	Labor	Paint	Sublet
1.X				Frt bumper	138.00	1.2		RC
2.X				Bumper left guard	16.85	Inc.		
3.X				Left mtg brkt	23.10			
4.X				Left outer brace	19.95	.2		
5.	X			R & I frt bumper step assy & drill		.5		AM
6.X				Lower frt panel	51.25	1.4	1.0	
7.X				Grille black/chrome	149.00	Inc.		
8.X				Left h/lite door dual rectangular	36.00	Inc.		
9.X				Left p/lamp	31.00	Inc.		
10.X				Left p/lamp bulb	2.05			
11.X				Core support assy, dual H/lites	294.00	7.2	1.5	
12.	X			Upper tie bar grey	Inc.		1.0	
13.X				Left side marker plain	13.75			
14.X				Left side marker bulb	.65			
15.	X			Aim H/lites		.5		
16.X				Left fender	91.00	4.0	2.6	
17.X				Left fender Chevrolet Van 20 emblem	21.59	.2		
18.X				Left fender wheelhouse	181.00	4.5		
19.X				Left fender splash shield	5.25	.1		
20.	X			R & I windshield to replace fender		2.0		

21.	X	R & 1 LF door		.6		
22.	X	LF door, 2.4-.4		4.0	2.0	
23.	X	Left dogleg			.5	
24.X		lape stripe fender, door, & dogleg - aftermarket				75.00
25.X		Left running board, 275.00@1.25, [REDACTED]	343.75	2.0	2.5	AM
26.X		Running board step pad	Inc.	.3		
27.X		Running board mldg	Inc.	1.0		
28.X		Left frtwheel American Racing, 75@1.25, [REDACTED]	93.75	.3		12.00
29.X		Valve stem	2.50			
30.	X	R & I left horn		.2		
31.X		LF tire, General - Ameritech ST P23575R15, raised white letters, 82.88@1.10, [REDACTED]	91.17	Inc.		
32.	X	R & 1 battery		.2		
33.X		Battery tray	67.75	.2	.2	
34.	X	R & 1 A/C condenser		1.0		
35.	X	Charge A/C system, 1.7@49.00	30.00			83.30
36.	X	Bench & sqquare main frame, 6@40.00			.8	240.00
37.	X	Pull left cowl, 4@40.00			1.0	160.00
38.X		Frt stabhilizier bar, .6@49.00	74.50			29.40
39.X		Left Stab bushing to frame	4.18			
40.X		Left Stab bushing to arm	4.45			
41.	X	O/H LF suspension, 3.1@49.00				151.90
42.X		LF steering knuckle	106.00			
43.X		LF lower control arm	245.00			
44.X		LF lower ball joint	66.46			
45.X		LF loer arm shaft kit	53.75			

46.X		LF upper control arm	160.00			
47.X		LF upper ball joint	53.75			
48.X		Upper arm shaft kit	47.50			
49.X		Upper control arm brkt	33.50			
50.X		LF shock absorber, .5049.00	47.50			24.50
51.X		LF inner bearing, 1.1049.00	29.50			53.90
52.X		LF outer bearing	19.67			
53.X		LF seal bearing	1.60			
54.X		Mechanical supplies	8.00			
55.		Clearcoat			3.0	
56.		Paint & materials, 16.1015.00@80x	193.20			
57.		Tow from accident				69.90
58.		Storage 4@5.00				20.00
59.		Tow to repair shop				30.00
60.	X	Align frt suspension				50.00
61.X		LF outer tie rod, .5049.00	42.00			24.50
62.X		LF inner tie rod	42.75			Inc.
63.X		Adjust sleeve	24.25			Inc.
		Subtotals	\$3,040.92	31.60	16.10	\$1,024.40
		Labor-Body & Paint	47.70	Hrs	\$32.00	\$1,526.40
		Parts				\$3,040.92
		Sublet & Net Items etc.				\$1,024.40
		State Tax at 5%				\$152.05
		Total				\$5,743.77
		Less Deductible				\$250.00
		Net Total				\$5,493.77

ANY ADDITIONAL REPAIRS ARE TO BE INSPECTED BY APPRAISER FIRST
THIS IS NOT AN AUTHORIZATION

Do not start repairs until owner or insurance co. authorizes the repairs. We, the appraisers cannot authorize repairs. Signer agrees to replace parts and do satisfactory repairs for amounts as listed on this appraisal.

_____ Chevrolet _____
 FIRM NAME BY

 _____ IN _____
 ADDRESS TAX ID NUMBER

Appendix C:

RECONSTRUCTION PROGRAM RESULTS:

OLDMISS,

CRASHPC {BARRIER OPTION}, AND

EDCRASH {BARRIER OPTION}

AND

TRC VECTOR ANALYSIS ITERATIONS

OLDMISS



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary
Sampling Unit

9506
Case No.-Stratum

01
Accident Event
Sequence No.

95
Date (Month, day, year) of Run

OLDMISS Vehicle Identification

Vehicle 1	<u>'90</u>	<u>Lincoln</u>	<u>Continental</u>	<u>1</u>
Vehicle 2	<u>'93</u>	<u>Chevrolet</u>	<u>G-20 CONVEYAN</u>	<u>2</u>
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1	VEHICLE 2
<p>Size <u>4</u></p> <p>Weight <u>3463</u> <u>255</u> <u>39</u> <u>18</u></p> <p><u>1662</u> + <u>116</u> + <u> </u> = <u>1778</u> kg</p> <p>Curb Occupant(s) Cargo</p>	<p>Size <u>7</u></p> <p>Weight <u>5348</u> <u>117</u> <u>80</u> <u>5545</u></p> <p><u>2426</u> + <u>53</u> + <u>36</u> = <u>2515</u> kg</p> <p>Curb Occupant(s) Cargo</p>
<p>Damaged Area of Vehicle</p> <p>(F = Front, L = Left, R = Right, B = Back)</p> <p><u>F</u></p> <p>Vehicle 1</p>	<p>Damaged Area of Vehicle</p> <p>(F = Front, L = Left, R = Right, B = Back)</p> <p><u>F</u></p> <p>Vehicle 2</p>
<p>Vehicle Heading Angles At Impact, in Degrees</p> <p>+ <u>270</u>°</p> <p>Vehicle 1</p>	<p>Vehicle Heading Angles At Impact, in Degrees</p> <p>+ <u>130</u>°</p> <p>Vehicle 2</p>
<p>Stiffness Category for Vehicle</p> <p><u>5</u></p> <p>Vehicle 1</p>	<p>Stiffness Category for Vehicle</p> <p><u>7</u></p> <p>Vehicle 2</p>

DAMAGE INFORMATION

<p>For Which Vehicle Is The Damage Known <u>1</u></p> <p>PDOF for Known Vehicle in Degrees (-180 to +180) <u>+ 10</u>°</p> <p>Damage Length (L) for Known Vehicle <u>155</u> cm</p>	<p>Crush Measurements</p> <table border="0"> <tr> <td>Known Vehicle</td> <td>5.9</td> <td>C₁</td> <td><u>15</u></td> <td>cm</td> </tr> <tr> <td></td> <td>5.5</td> <td>C₂</td> <td><u>14</u></td> <td>cm</td> </tr> <tr> <td></td> <td>12.6</td> <td>C₃</td> <td><u>32</u></td> <td>cm</td> </tr> <tr> <td></td> <td>7.9</td> <td>C₄</td> <td><u>20</u></td> <td>cm</td> </tr> <tr> <td></td> <td>1.6</td> <td>C₅</td> <td><u>4</u></td> <td>cm</td> </tr> <tr> <td></td> <td>0.0</td> <td>C₆</td> <td><u>0</u></td> <td>cm</td> </tr> </table> <p>Damage Midpoint Offset for Known Vehicle <u>-10.2</u> D <u>26</u> cm</p> <p>Estimated Damage Midpoint Offset for Unknown Vehicle <u>-25.6</u> D <u>65</u> cm</p> <p><u>-25.6</u> inches</p>	Known Vehicle	5.9	C ₁	<u>15</u>	cm		5.5	C ₂	<u>14</u>	cm		12.6	C ₃	<u>32</u>	cm		7.9	C ₄	<u>20</u>	cm		1.6	C ₅	<u>4</u>	cm		0.0	C ₆	<u>0</u>	cm
Known Vehicle	5.9	C ₁	<u>15</u>	cm																											
	5.5	C ₂	<u>14</u>	cm																											
	12.6	C ₃	<u>32</u>	cm																											
	7.9	C ₄	<u>20</u>	cm																											
	1.6	C ₅	<u>4</u>	cm																											
	0.0	C ₆	<u>0</u>	cm																											

SUMMARY OF OLDMISPC RESULTS

SCI95-06 [REDACTED] Indiana

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	11.57 (18.61)	-11.39 (-18.33)	-2.01 (-3.23)	10.00
VEH #2 (ESTIMATED)	8.17 (13.15)	-7.07 (-11.38)	4.09 (6.59)	330.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	22796.4 (30904.7)	34146.0 (151881.5)
VEH #2 (ESTIMATED)	8758.1 (11873.2)	34198.8 (152116.3)

SUMMARY OF DAMAGE DATA

	VEHICLE #1 (KNOWN DAMAGE DIMENSION)			VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)	
	IN	(CM)		IN	(CM)
L-----	61.0	154.9	L-----	46.7	118.6
C1-----	5.9	15.0	C1-----	.0	.0
C2-----	5.5	14.0	C2-----	.5	1.2
C3-----	12.6	32.0	C3-----	2.6	6.6
C4-----	7.9	20.1	C4-----	4.2	10.6
C5-----	1.6	4.1	C5-----	1.8	4.5
C6-----	.0	.0	C6-----	1.9	4.9
D-----	-10.2	-25.9	D-----	-16.1	-41.0

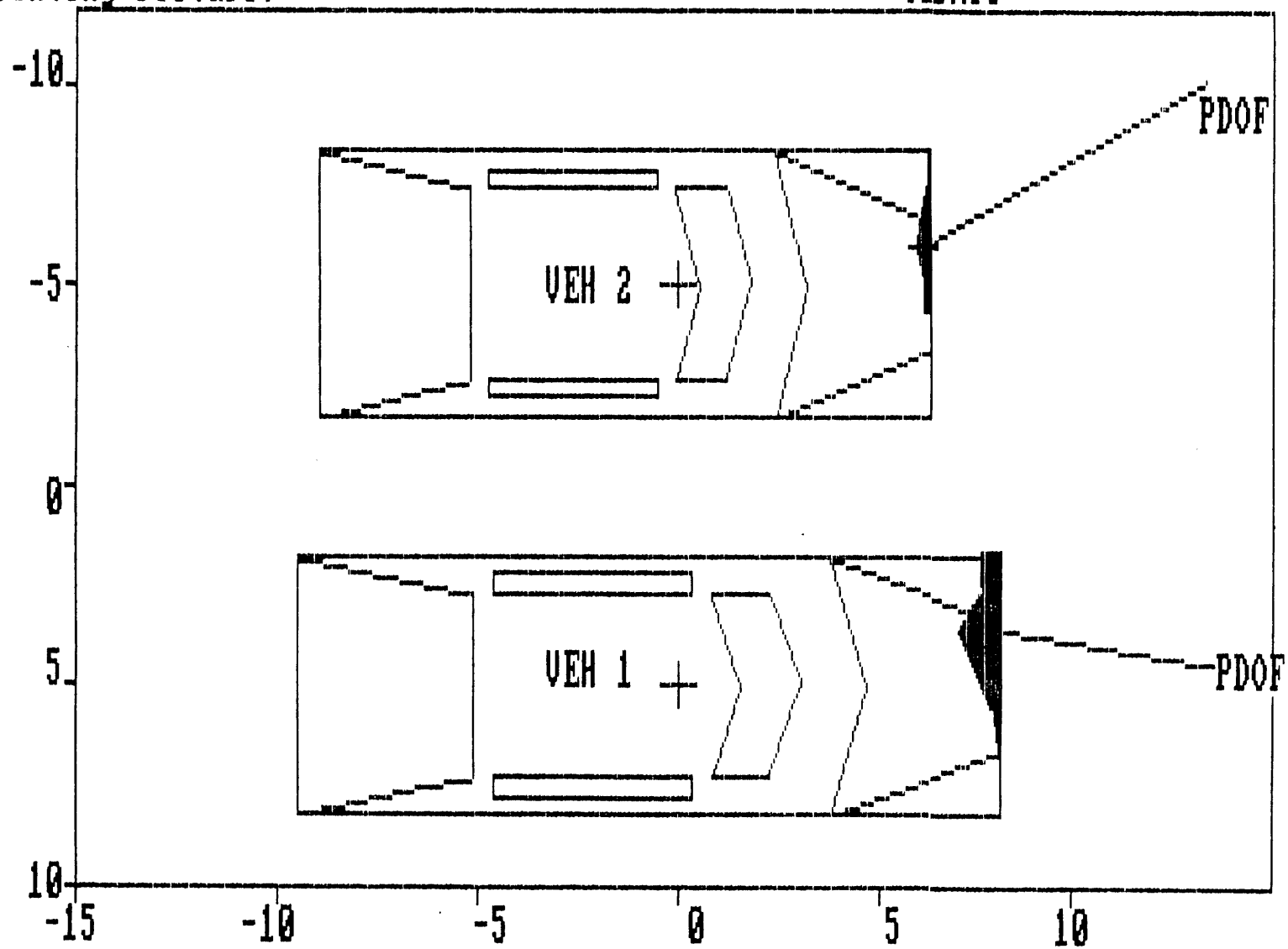
(DOFF ADJUSTED 9.5 INCHES
TO MATCH VEHICLE DIMENSION)

VEHICLE INFORMATION

	VEHICLE #1 (FRONT DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)
SIZE-----	4	SIZE-----	7
STIFFNESS--	5	STIFFNESS--	7
SIDE-----	F	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	130.0 DEG
WEIGHT----	3918.0 LBS (1776.9 KG)	WEIGHT----	5545.0 LBS (2514.7 KG)
MASS-----	10.140 LB-SEC**2/IN	MASS-----	14.350 LB-SEC**2/IN
	(114.56 NT-SEC**2/CM)		(162.13 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2	GYRATION--	3713.0 IN**2
	(24135.4 CM**2)		(23954.8 CM**2)

Printing Picture:

OLDMIS



DAMAGE DESCRIPTION: VEHICLE 1 KNOWN

CRASHPC {BARRIER OPTION}



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary
Sampling Unit

9506
Case No.-Stratum

01
Accident Event
Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1	<u>1990</u>	<u>LINCOLN</u>	<u>CONTINENTAL</u>	<u>1</u>
Vehicle 2	<u>1993</u>	<u>CHEVROLET</u>	<u>G-20 Conversion Van</u>	<u>2</u>
	Year	Make	Model	NASS Ven. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>4</u>	Size	<u>11</u>
Weight		Weight	
<u>1165</u> + <u>116</u> + _____ = <u>1778</u> kg		_____ + _____ + _____ = _____ kg	
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
CDC	<u>12FEW2</u>	CDC	_____
PDOF (-180 to +180)	<u>010</u> °	PDOF (-180 to +180)	_____°
Stiffness	<u>5</u>	Stiffness	_____

SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

VEHICLE 1		VEHICLE 2	
Rest Position	X _____ m Y _____ m PSI _____ °	Rest Position	X _____ m Y _____ m PSI _____ °
Impact Position	X _____ m Y _____ m PSI _____ °	Impact Position	X _____ m Y _____ m PSI _____ °
Slip Angle(-180 to +180)	_____ °	Slip Angle (-180 to +180)	_____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X _____ m Y _____ m PSI _____ °	End of Rotation Position	X _____ m Y _____ m PSI _____ °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X _____ m Y _____ m	Point on Path	X _____ m Y _____ m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

FRICTION INFORMATION

Coefficient of Friction _____
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data ☐ No ☐ Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 155 cm

Crush Depths
 C₁ 15 cm
 C₂ 14 cm
 C₃ 32 cm
 C₄ 20 cm
 C₅ 4 cm
 C₆ 0 cm

Damage Offset D 0026 cm

VEHICLE 2

Damage Length L _____ cm

Crush Depths
 C₁ _____ cm
 C₂ _____ cm
 C₃ _____ cm
 C₄ _____ cm
 C₅ _____ cm
 C₆ _____ cm

Damage Offset D ± _____ cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

EDCRASH {BARRIER OPTION}

SUMMARY OF CRASHPC RESULTS USING DAMAGE

SCI95-06

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 19 KPH (12 MPH)
 LONGITUDINAL -18 KPH (-11 MPH)
 LATITUDINAL -3 KPH (-2 MPH)
 PDOF ANGLE 10 DEGREES
 ENERGY DISSIPATED = 30897 JOULES (22785 FT-LB)

VEHICLE #2

TOTAL 0 KPH (0 MPH)
 LONGITUDINAL 0 KPH (0 MPH)
 LATITUDINAL 0 KPH (0 MPH)
 PDOF ANGLE 0 DEGREES
 ENERGY DISSIPATED = 0 JOULES (0 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	4	11
STIFFNESS CATEGORY	5	0
VEHICLE WEIGHT	1777 KGS (3918 LBS)	***** KGS (2204586 LBS) *
CDC	12FYEW2	BARRIER
PDOF ANGLE	10 DEGREES	0 DEGREES *
CRUSH LENGTH	155 CM. (61 IN.)	0 CM. (0 IN.) *
C1	15 CM. (6 IN.)	0 CM. (0 IN.) *
C2	14 CM. (6 IN.)	0 CM. (0 IN.) *
C3	32 CM. (13 IN.)	0 CM. (0 IN.) *
C4	20 CM. (8 IN.)	0 CM. (0 IN.) *
C5	4 CM. (2 IN.)	0 CM. (0 IN.) *
C6	0 CM. (0 IN.)	0 CM. (0 IN.) *
D	-26 CM. (-10 IN.)	0 CM. (0 IN.) *
D'	-41 CM. (-16 IN.)	0 CM. (0 IN.) *

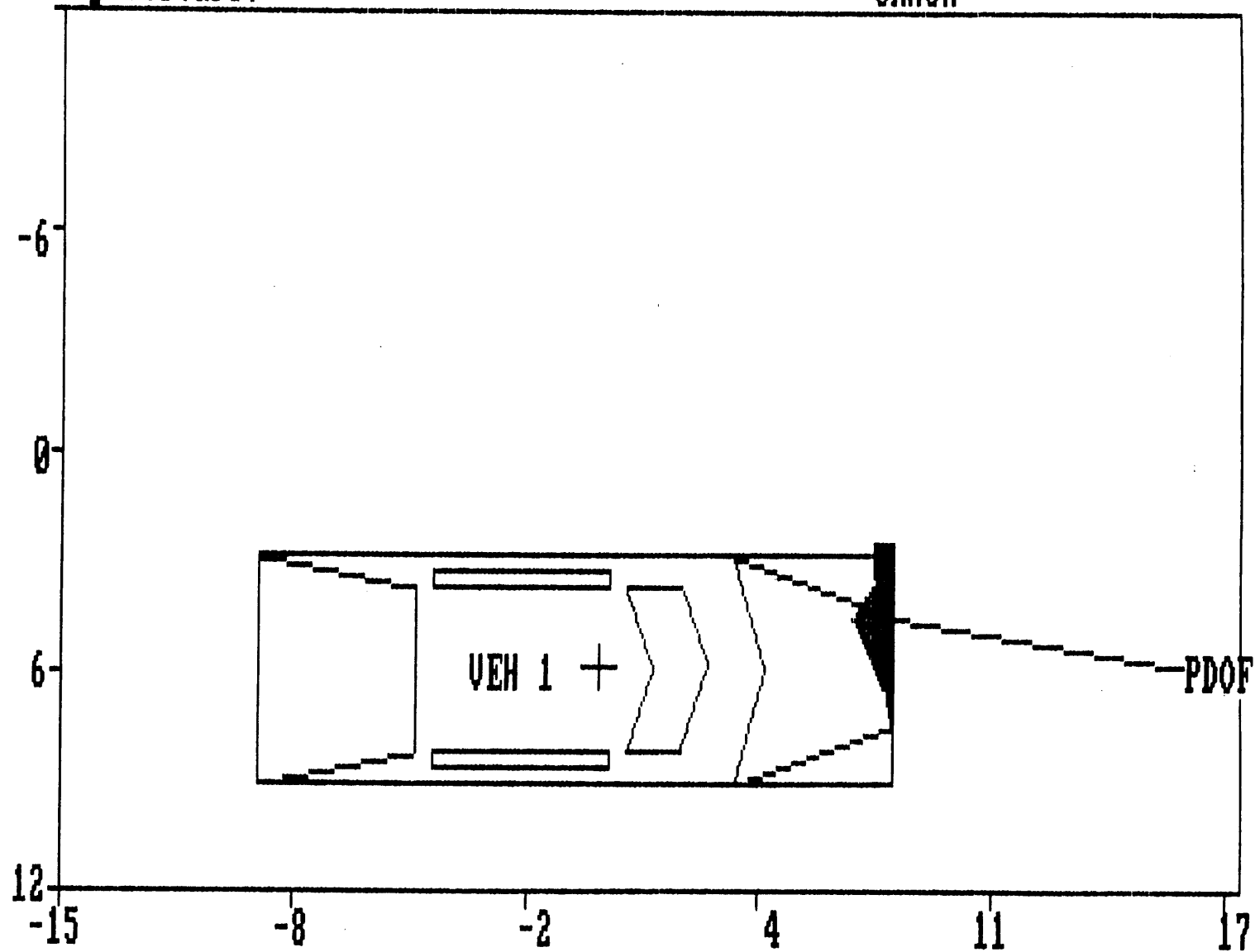
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	139 CM. (55 IN.)	127 CM. (50 IN.)
CG TO REAR AXLE	150 CM. (59 IN.)	127 CM. (50 IN.)
TRACK	157 CM. (62 IN.)	127 CM. (50 IN.)
CG TO FRONT OF VEH	251 CM. (99 IN.)	127 CM. (50 IN.)
CG TO REAR OF VEH	-290 CM. (-114 IN.)	-127 CM. (-50 IN.)
CG TO SIDE OF VEH	98 CM. (39 IN.)	127 CM. (50 IN.)
MOMENT OF INERTIA	17285 KGS (38106 LBS)	***** KGS (***** LBS)
VEHICLE MASS	5 KGS (10 LBS)	2600 KGS (5732 LBS)

Printing Picture:

CRASH



DAMAGE DESCRIPTION

47-0

S U M M A R Y O F E D C R A S H R E S U L T S

Lic. User: NHTSA #8 Date: ██████████ 1995 S/N: 0266-8 Version: 4.61

SCI95-06B

MESSAGES:

NO MESSAGES

VEHICLE # 1

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		18.8	-18.5	-3.3	DAMAGE DATA ONLY

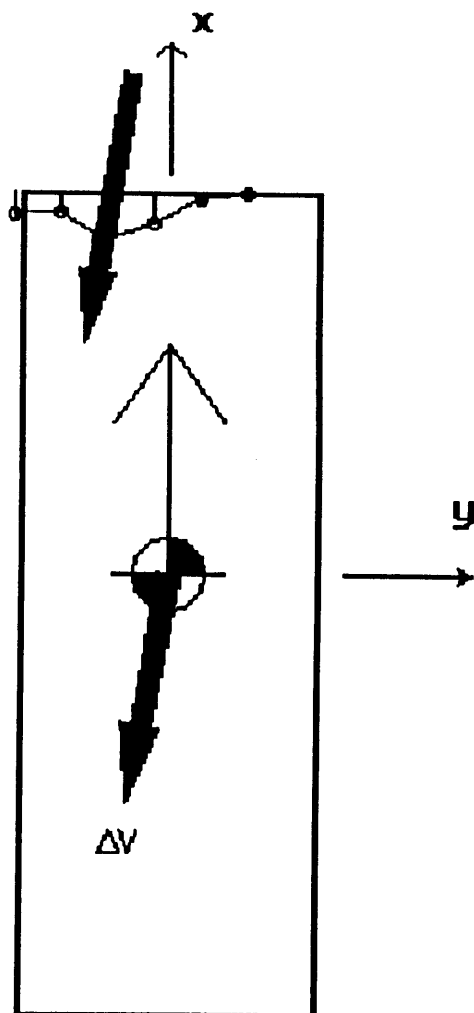
SUMMARY OF DAMAGE DATA
(NOTE: '***' indicates default value)

	Vehicle #1	Vehicle #2	
CLASS / STIFFNESS CATEGORIES	4 / 5	11 / 11	
WEIGHT	1777.0 kg	453514.8 kg	**
CDC	12FYEW2	BARRIER	
DAMAGE WIDTH	155.0 cm	0.0 cm	**
CRUSH DEPTH 1	15.0 cm	0.0 cm	**
CRUSH DEPTH 2	14.0 cm	0.0 cm	**
CRUSH DEPTH 3	32.0 cm	0.0 cm	**
CRUSH DEPTH 4	20.0 cm	0.0 cm	**
CRUSH DEPTH 5	4.0 cm		
CRUSH DEPTH 6	0.0 cm		
DAMAGE MIDPOINT OFFSET	-26.0 cm	0.0 cm	**
DAMAGE ENERGY	30888.8 Joules	0.0 Joules	
MAGNITUDE OF PRINCIPAL FORCE	151849.6 N	151849.6 N	
DIRECTION OF PRINCIPAL FORCE	10.0 deg	-170.0 deg	**
MOMENT ARM OF PRINCIPAL FORCE	-82.0 cm	0.0 cm	
DAMAGE CENTROID	-40.9 cm	0.0 cm	

DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES
(NOTE: '***' indicates default value)

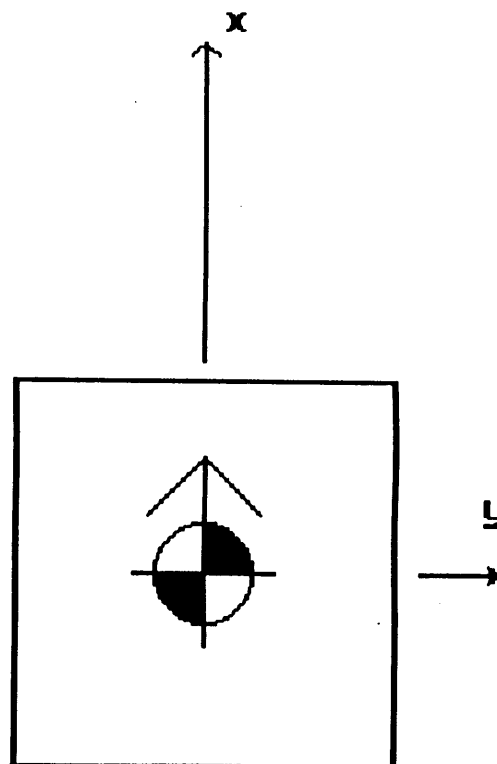
	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	138.9 cm	**	127.0 cm	**
CG TO REAR AXLE	150.4 cm	**	127.0 cm	**
TRACKWIDTH	157.0 cm	**	127.0 cm	**
YAW MOMENT OF INERTIA	4285.6 kg-m ²	**	1000000.0 kg-m ²	**
MASS	1774.1 kg		4285.6 kg	**
BODY LENGTH FROM CG TO FRONT	251.0 cm	**	127.0 cm	**
BODY LENGTH FROM CG TO REAR	-289.6 cm	**	-127.0 cm	**
BODY OVERALL WIDTH	195.6 cm	**	254.0 cm	**
CRUSH STIFFNESSES:	A	B	A	B
	lb/in	lb/in ²	lb/in	lb/in ²
	325.2 **	37.0 **	1000000.0 **	1000000.0 **

Vehicle No. 1



CDC/PDOF: 12FYEW2 10.0 deg
Max Impact Force: 151850 N

Vehicle No. 2



CDC/PDOF: BARRIER -170.0 deg
Max Impact Force: 151850 N



EDCRASH Damage Profiles

	Ueh #1	Ueh #2
Delta-U (km/h):		
X	-18.5	0.0
Y	-3.3	0.0
Tot	18.8	0.0
Crush Data (cm):		
W	155.0	0.0
D	-26.0	0.0
C1	15.0	0.0
C2	14.0	0.0
C3	32.0	0.0
C4	20.0	0.0
C5	4.0	
C6	0.0	

TRC VECTOR ANALYSIS ITERATIONS

Starting from a "Tee" intersection, the case vehicle crossed three eastbound lanes and a bi-directional, center, left-hand, turn lane before it entered the inside westbound lane and impacted vehicle #2. Because there is no indication of excessive speed on the part of the case vehicle (i.e., see Supplemental Offense Report [REDACTED] Police Department and Witness Statements which accompany the Police Accident Report found in APPENDIX A), this contractor initially estimated the case vehicle to have reached a speed of between 48 k.p.h. (30 m.p.h.) and 64 k.p.h. (40 m.p.h.); the speed limit for the westbound lane at the location of impact is 64 k.p.h. (40 m.p.h.). One of the witnesses estimated the case vehicle's speed at 32 k.p.h. (20 m.p.h.); however, because of the size of the case vehicle and the amount of crush it sustained (i.e., Extent Zone 2), this contractor considered this estimate too low. It is not known whether the case vehicle started from a stop (i.e., 0 k.p.h./m.p.h.) when it began turning left.

According to the driver of vehicle #2, she began her left-hand turn from a stop at the [REDACTED] and crossed the outside westbound before impacting the case vehicle in the inside westbound lane. This contractor initially estimated that vehicle #2 reached a speed of between 16 k.p.h. (10 m.p.h.) and 24 k.p.h. (15 m.p.h.).

The possible combinations of these two estimates were used as iterations in the TRC Vector Analysis program and attention was focused on the resultant theoretical PDOFs. Heading angles were determined from the scene evidence and weights were obtained from original specifications, medical records, and interviewees. These iterations indicate that as the speed of vehicle #2 increases, the theoretical PDOF for the case vehicle moves toward one o'clock. Based on our inspection of the case vehicle's crush, this contractor estimates the PDOF as +10 degrees (in accordance with NASS, CDS protocol). Because the CDC for vehicle #2 was based on photographs and these iterations confirmed our estimate, the at impact speeds for the two vehicles are most likely 56 k.p.h. (35 m.p.h.) for the case vehicle and 16 k.p.h. (10 m.p.h.) for vehicle #2; see iteration number two.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	270	130		
CG Heading Angle	270	130		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	36		
Weight-Vehicle Curb Wt	1662	2426		
Weight-Passenger(s)	116	53		
Weight-Total	1778	2515		
Estimated Speed	48	16		
Momentum	85344	40240		
PDOF (Degrees)	13	-27	██████/91	STM
PDOF (Clock Direction)	12	11		
Theoretical Delta V	35.8	25.3		
Theoretical Common Vel.		14.1	Post-Crash CG Heading	245

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	270	130		
CG Heading Angle	270	130		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	36		
Weight-Vehicle Curb Wt	1662	2426		
Weight-Passenger(s)	116	53		
Weight-Total	1778	2515		
Estimated Speed	56	16		
Momentum	99568	40240		
PDOF (Degrees)	11	-29	██████/91	STM
PDOF (Clock Direction)	12	11		
Theoretical Delta V	40.4	28.6		
Theoretical Common Vel.		17.1	Post-Crash CG Heading	249

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	270	130		
CG Heading Angle	270	130		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	36		
Weight-Vehicle Curb Wt	1662	2426		
Weight-Passenger(s)	116	53		
Weight-Total	1778	2515		
Estimated Speed	(64)	(16)		
Momentum	113792	40240		
PDOF (Degrees)	10	-30	1	STM
PDOF (Clock Direction)	12	11		
Theoretical Delta V	45.1	31.9		
Theoretical Common Vel.		20.2	Post-Crash CG Heading	253

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	270	130		
CG Heading Angle	270	130		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	0	36		
Weight-Vehicle Curb Wt	1662	2426		
Weight-Passenger(s)	116	53		
Weight-Total	1778	2515		
Estimated Speed	(48)	(24)		
Momentum	85344	60360		
PDOF (Degrees)	16	-24	1	STM
PDOF (Clock Direction)	1	11		
Theoretical Delta V	39.9	28.2		
Theoretical Common Vel.		12.8	Post-Crash CG Heading	225

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	130	
CG Heading Angle	270	130	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	0	36	
Weight-Vehicle Curb Wt	1662	2426	
Weight-Passenger(s)	116	53	
Weight-Total	1778	2515	
Estimated Speed	56	24	
Momentum	99568	60360	
PDOF (Degrees)	15	-25	██████████/91 STM
PDOF (Clock Direction)	1	11	
Theoretical Delta V	44.5	31.5	
Theoretical Common Vel.	15.4	Post-Crash CG Heading	234

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: SCI9506

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	130	
CG Heading Angle	270	130	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	0	36	
Weight-Vehicle Curb Wt	1662	2426	
Weight-Passenger(s)	116	53	
Weight-Total	1778	2515	
Estimated Speed	64	24	
Momentum	113792	60360	
PDOF (Degrees)	14	-26	██████████/91 STM
PDOF (Clock Direction)	12	11	
Theoretical Delta V	49.1	34.7	
Theoretical Common Vel.	18.1	Post-Crash CG Heading	240

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and ~~XXXXXXXXXXXXXXXXXXXX~~. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inpluts that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix D:

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9506

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 19 5

5. Time of Accident 1725

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

7. 0 SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires

9. 0 SS18 Unsafe Driver Actions

10. 0 SS19

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>02</u>	17. <u>21</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|--|---|
| <ul style="list-style-type: none"> (00) Not a motor vehicle (01) Subcompact/mini (wheelbase < 254 cm) (02) Compact (wheelbase ≥ 254 but < 265 cm) (03) Intermediate (wheelbase ≥ 265 but < 278 cm) (04) Full size (wheelbase ≥ 278 but < 291 cm) (05) Largest (wheelbase ≥ 291 cm) (09) Unknown passenger car size (14) Compact utility vehicle (15) Large utility vehicle (≤ 4,500 kgs GVWR) (16) Utility station wagon (≤ 4,500 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,500 kgs GVWR) (21) Large van (≤ 4,500 kgs GVWR) (24) Van Based school bus (≤ 4,500 kgs GVWR) (28) Other van type (≤ 4,500 kgs GVWR) (29) Unknown van type (≤ 4,500 kgs GVWR) (30) Compact pickup truck (≤ 4,500 kgs GVWR) | <ul style="list-style-type: none"> (31) Large pickup truck (≤ 4,500 kgs GVWR) (38) Other pickup truck (≤ 4,500 kgs GVWR) (39) Unknown pickup truck type (≤ 4,500 kgs GVWR) (45) Other light truck (≤ 4,500 kgs GVWR) (48) Unknown light truck type (≤ 4,500 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based)(> 4,500 kgs GVWR) (58) Other bus (> 4,500 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,500 kgs GVWR) (67) Tractor without trailer (68) Tractor-trailer(s) (78) Unknown medium/heavy truck type (79) Unknown light/medium/heavy truck type (80) Motored cycle (90) Other vehicle (99) Unknown |
|--|---|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front | <ul style="list-style-type: none"> (R) Right side (L) Left side (B) Back | <ul style="list-style-type: none"> (T) Top (U) Undercarriage (9) Unknown |
| TDC
APPLICABLE
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side | <ul style="list-style-type: none"> (L) Left side (B) Back of unit with cargo area
(rear of trailer or straight truck) (D) Back (rear of tractor) | <ul style="list-style-type: none"> (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|---|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify): _____ (36) Noncollision injury (38) Other noncollision (specify): _____ (39) Noncollision — details unknown <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> (41) Tree (≤ 10 cm in diameter) (42) Tree (> 10 cm in diameter) (43) Shrubbery or bush (44) Embankment (45) Breakaway pole or post (any diameter) <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (50) Pole or post (≤ 10 cm in diameter) (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) (52) Pole or post (> 30 cm in diameter) (53) Pole or post (diameter unknown) <ul style="list-style-type: none"> (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (includes guardrail)
(specify): _____ | <ul style="list-style-type: none"> (57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify): _____ (69) Unknown fixed object <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (70) Passenger car, light truck, van, or other vehicle
not in-transport (71) Medium/heavy truck or bus not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify): _____ (89) Unknown nonfixed object (98) Other event (specify): _____ (99) Unknown event or object |
|---|---|

Appendix E:

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year 40
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

LINCOLN

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Continental

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1LNCM9747LY

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit
in kmph

(999) Unknown

40 mph X 1.6093 = 64 kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given only vitreous humor test

(97) AC test performed, results unknown was

(98) No driver present used

(99) Unknown

Source: PAR/Toxicology

15. Police Reported Other Drug Presence For Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee (84 and after), Dispatcher, Raider, Bronco II, Bronco (76 and before), Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee (83 and before), Ramcharger, Trailduster, Bronco-fullsize (78 and after), fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager (83 and before), E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10 LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 3
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction _____
 (9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 6
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): SPEED LIMIT
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRAASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving** 99

(Prior To Recognition Of Critical Event)

- (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 11

- (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 72*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 84

(Note: Applicable codes on back of this page)

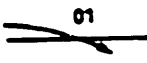


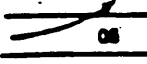
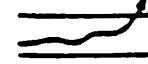

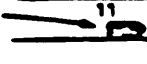

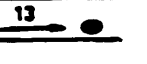
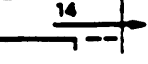
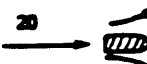
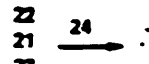
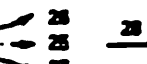
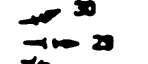
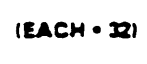
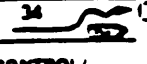



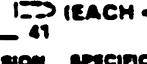
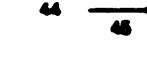
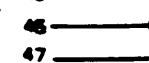

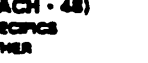
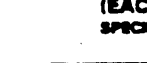

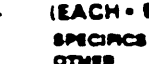

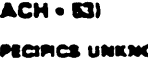

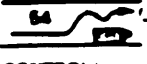



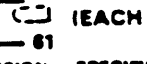

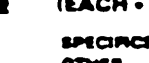

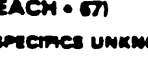


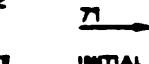






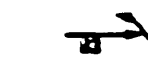
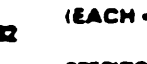




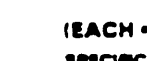



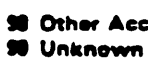
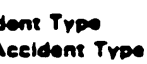
(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Code group	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 27	 24 DECEL. 26, 28, 31	 26 AVOID COLLISION WITH VEH.	 28 AVOID COLLISION WITH OBJECT (EACH - 32) SPECIFICS OTHER (EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 35 CONTROL/ TRACTION LOSS	 36 AVOID COLLISION WITH VEH.	 37 AVOID COLLISION WITH OBJECT	 38 AVOID COLLISION WITH VEH. (EACH - 42) SPECIFICS OTHER (EACH - 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 45 LATERAL MOVE	 46 LATERAL MOVE	 47 LATERAL MOVE (EACH - 48) SPECIFICS OTHER	 48 LATERAL MOVE (EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE (EACH - 52) SPECIFICS OTHER	 52 LATERAL MOVE (EACH - 53) SPECIFICS UNKNOWN	 53 LATERAL MOVE	 54 LATERAL MOVE
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 55 CONTROL/ TRACTION LOSS	 56 AVOID COLLISION WITH VEH.	 57 AVOID COLLISION WITH OBJECT	 58 AVOID COLLISION WITH VEH. (EACH - 62) SPECIFICS OTHER (EACH - 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 LATERAL MOVE (EACH - 66) SPECIFICS OTHER	 66 LATERAL MOVE (EACH - 67) SPECIFICS UNKNOWN	 67 LATERAL MOVE	 68 LATERAL MOVE
IV Change Trafficway Vehicle Turning	J Turn Across Path	 69 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 INITIAL OPPOSITE DIRECTIONS	 72 INITIAL SAME DIRECTIONS (EACH - 74) SPECIFICS OTHER (EACH - 75) SPECIFICS UNKNOWN	 73 INITIAL OPPOSITE DIRECTIONS
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 80 TURN INTO OPPOSITE DIRECTIONS (EACH - 84) SPECIFICS OTHER (EACH - 85) SPECIFICS UNKNOWN	 81 TURN INTO OPPOSITE DIRECTIONS
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 STRAIGHT PATHS	 88 STRAIGHT PATHS	 89 STRAIGHT PATHS (EACH - 90) SPECIFICS OTHER	 90 STRAIGHT PATHS (EACH - 91) SPECIFICS UNKNOWN	 91 STRAIGHT PATHS
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 94 OTHER ACCIDENT TYPE	 95 UNKNOWN ACCIDENT TYPE	 96 NO IMPACT

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 2
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.660
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3.663 lbs X .4536 = 1.662 kgs
 Source: _____

44. Vehicle Cargo Weight 9.990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 27054. Heading Angle For Other Vehicle 130**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 1

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 03

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program -damage only routine
(02) Reconstruction program -damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

01910.61 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

+0018-18.33 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

61. Lateral Component of Delta V

+0003-3.23 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

62. Energy Absorption

030.90030904.7 Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

019019 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? ☒ YES ☐ NOIF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? ☒ YES ☐ NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
2. Case Number - Stratum 9506

VEHICLE IDENTIFICATION

VIN 1 L N C M 9 7 4 7 L Y Model Year 90
Vehicle Make (specify): Lincoln Vehicle Model (specify): Continental

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
<u>1</u>	<u>ABC OVER 103cm</u>	<u>ACROSS front bumper</u>	<u>C-3</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	MAX C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>@ Bumper</u>	<u>103</u>		<u>147</u>	<u>15.5</u>	<u>24.5</u>	<u>35.5</u>	<u>23.5</u>	<u>15</u>	<u>18</u>	<u>-26</u>
	<u>FREE</u>				<u>18</u>	<u>11</u>	<u>4</u>	<u>4</u>	<u>11</u>	<u>18</u>	
	<u>FINAL</u>				<u>0</u>	<u>13.5</u>	<u>31.5</u>	<u>19.5</u>	<u>4</u>	<u>0</u>	<u>-26</u>
<u>01</u>	<u>Above bumper</u>	<u>101</u>			<u>60</u>	<u>43</u>					
	<u>FREE</u>				<u>30</u>	<u>23</u>					
	<u>FINAL</u>				<u>30</u>	<u>20</u>					
<u>01</u>	<u>AVERAGE</u>				<u>15</u>	<u>13.5</u>					

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>109.0</u>	inches	x 2.54	=	<u>276</u> ⁸⁶	cm	
Overall Length	<u>205.1</u>	inches	x 2.54	=	<u>520</u> ⁹⁵	cm	
Maximum Width	<u>72.7</u>	inches	x 2.54	=	<u>184</u> ⁶⁵	cm	
Curb Weight	<u>3,663</u>	pounds	x 0.4536	=	<u>1,661</u> ⁵³	kg	
Average Track	^{62.3} <u>61.1</u>	<u>61.7</u>	inches	x 2.54	=	<u>156</u> ⁷¹	cm
Front Overhang	____.	inches	x 2.54	=	<u>115</u>	cm	
Rear Overhang	____.	inches	x 2.54	=	<u>132</u>	cm	
Undeformed End Width	____.	inches	x 2.54	=	<u>155</u>	cm	
Engine Size: cyl/displ.	____.	cc	x 0.001	=	<u>3.8</u>	L	
V6, 3.8 EFI	____.	CID	x 0.0164	=	____.	L	

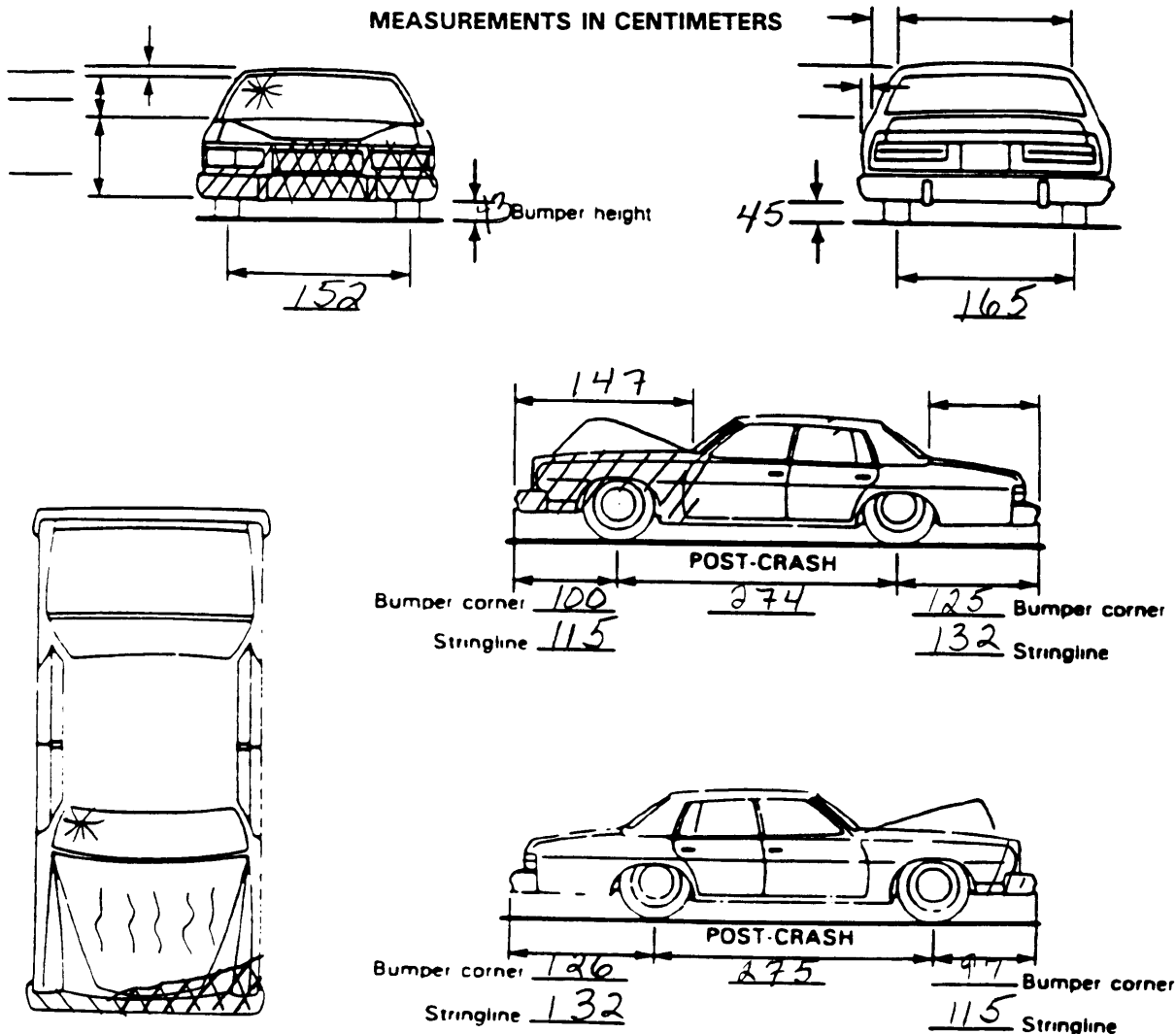
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual	Speed: 3-speed 4-speed 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual	Type: <u>rack-and-pinion</u> worm-and-gear Other	
{please describe}:		
Brakes: {circle} <u>Power-assisted</u> Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic	
front disc, rear drum Other:		
Observed Defects: {specify}		
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other		
{please describe}:		

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>277</u> cm Overall Length <u>521</u> cm Maximum Width <u>185</u> cm Curb Weight <u>1662</u> kg Average Track <u>157</u> cm Front Overhang <u>115</u> cm Rear Overhang <u>132</u> cm Undeformed End Width <u>155</u> cm Engine Size: cyl./displ. <u>V8</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

- (36) Noncollision injury
(38) Other noncollision (specify):

- (39) **Noncollision — details unknown**

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant

- (76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>155</u>	<u>015</u>	<u>014</u>	<u>032</u>	<u>020</u>	<u>004</u>	<u>000</u>	<u>+0026</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 155
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) 103
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 277
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 157
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

62-E

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>3</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>1</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>6</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
_____		(2) Aft of center of the rear wheels (rear axle) left side	
(Include photograph of CERTIFICATION PLACARD in case report)		(3) Aft of center of the rear wheels (rear axle) right side	
(9) Unknown if vehicle is modified		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>0</u></p> <p>(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u>0</u> <u>1</u></p> <p>46. Fuel Type-2 <u>0</u> <u>0</u></p> <p><i>Single Fuel Type</i></p> <p>(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p>_____ _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>_____ _____</p> <p>(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

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INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9506

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 4 17. RF 4 18. LR 4 19. RR 4

20. BL 4 21. Roof 0 22. Other 4

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 3 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

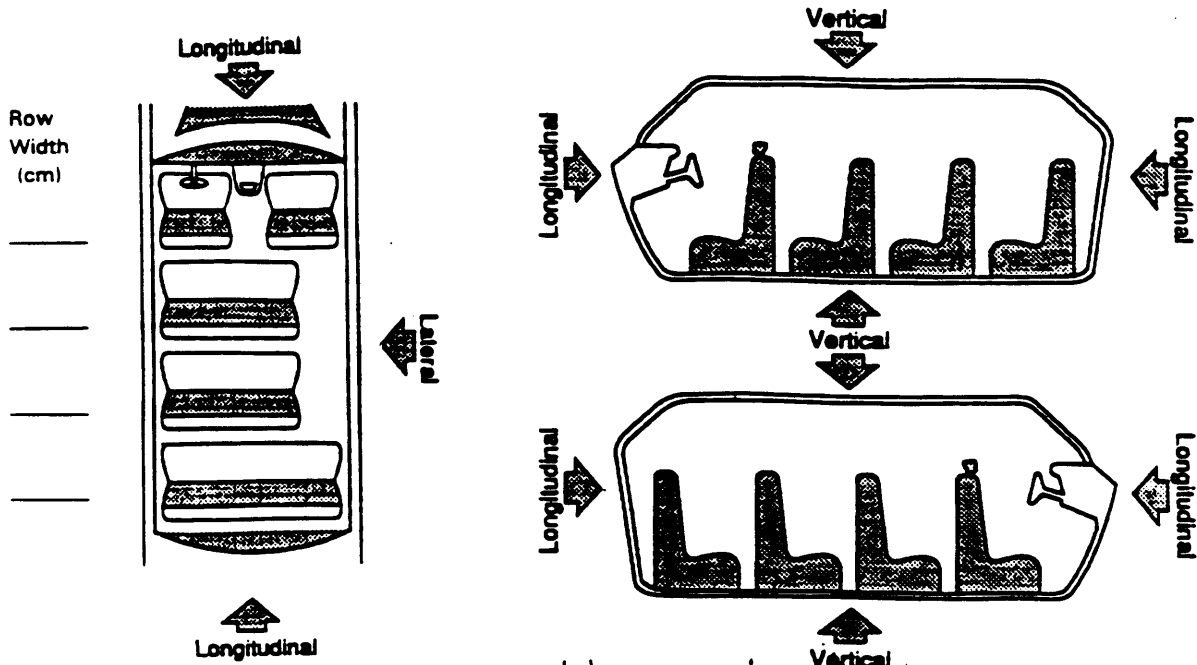
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		

Document no more than the 15 most severe intrusions

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OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

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STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Tilt Steering Column Adjustment 3

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 0 0

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 0

- (00) No steering rim deformation

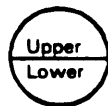
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading 999,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

_____ miles X 1.6093 = _____ kilometers

Source: Electronic

93. Instrument Panel Damage from Occupant Contact? 0

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 1

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

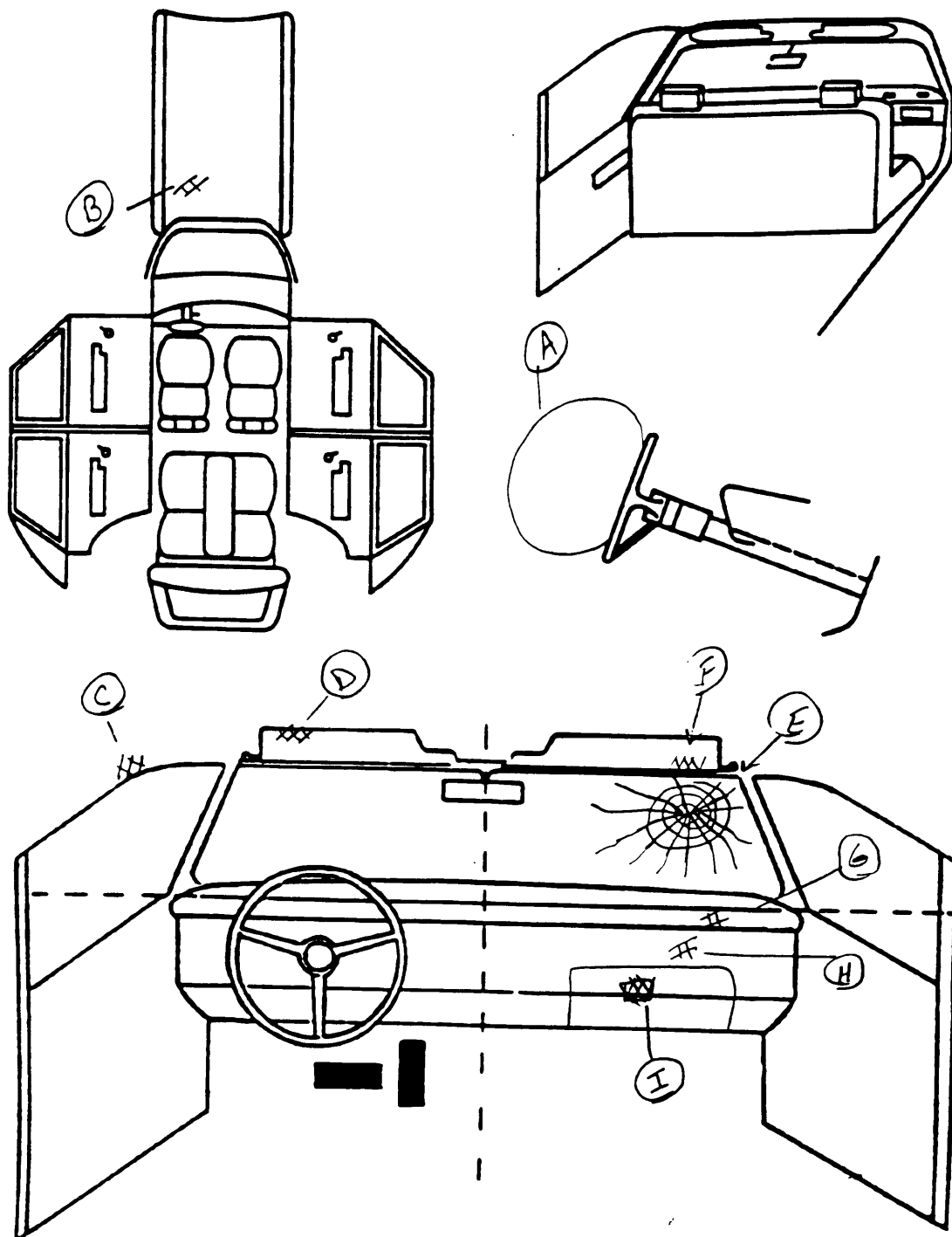
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

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POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	AIRBAG	1	NECK/FACE	SKIN transfer	1
B	Roof	1	HEAD	Possible indentation	2
C	(L) SIDERAIL	1	HEAD	HAIR	2
D	(L) SUNVISOR	1	HEAD	black scuffing / HAIR	1
E	(R) SUNVISOR	2	HEAD	SKIN transfer / HAIR	1
F	Windshield	2	HEAD	Spider web	1
G	(R) UPPER DASH	2	ARM/HAND	SKIN transfer	1
H	"	2	Appendage	" "	1
I	Glove box	2	Knee	Handle broken off	1
J	AIR BAG COVER	1	NECK	Blood / SKIN	1
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):
 AIR BAG
 (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1
SECOND	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	0	0
	Deployment	/	0	0
	Failure	/	0	0

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	0
Flaps open at tear points?	2	
Flaps damaged?	1	
Air bag damaged?	01	
Source of air bag damage	01	
Air bag tethered?	9	
Air bag have vent ports?	2	
Other occupant contact air bag?	1	
Occupant wearing eyewear?	9	0

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

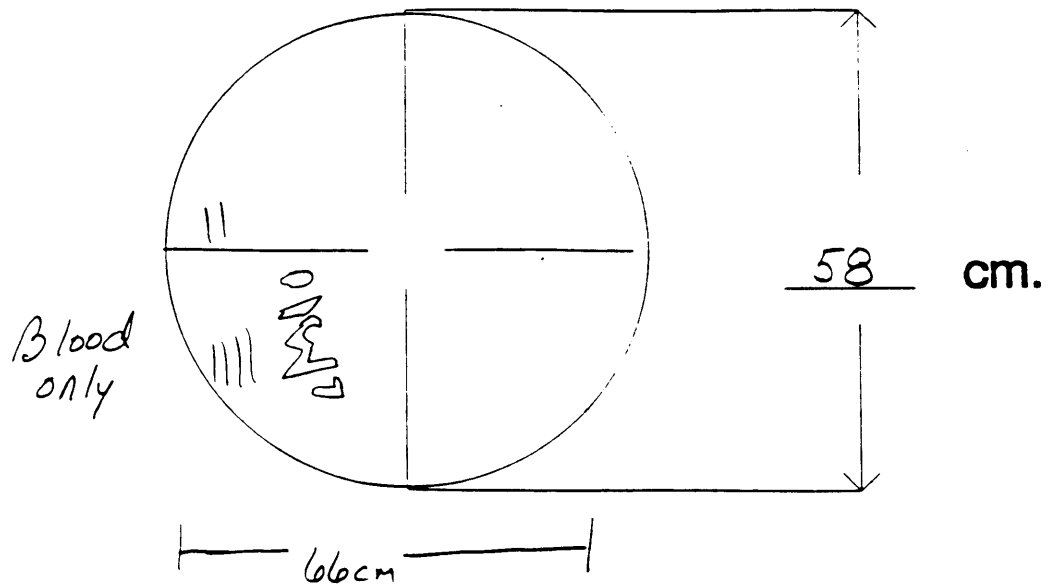
Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

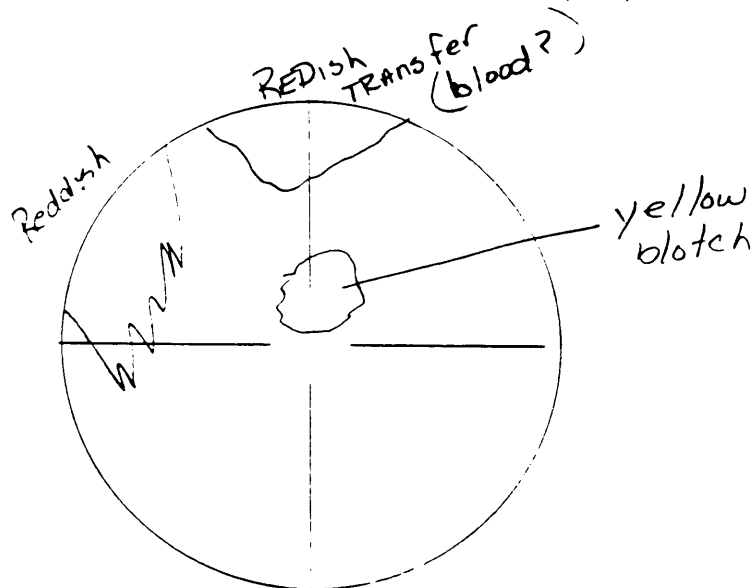
68-E

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



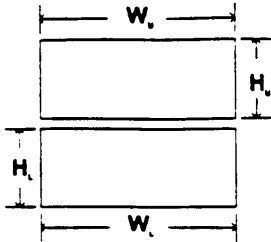
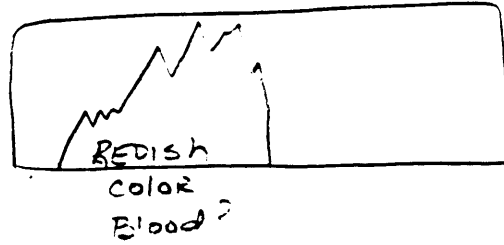
DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

width (W_u) 20.5height (H_u) 8

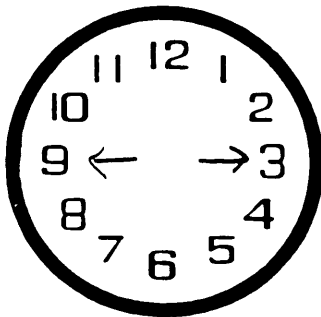
b. Lower Flap

width (W_l) 20.5height (H_l) 7.5DRIVER SIDE AIR BAG
TOP FLAP

4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

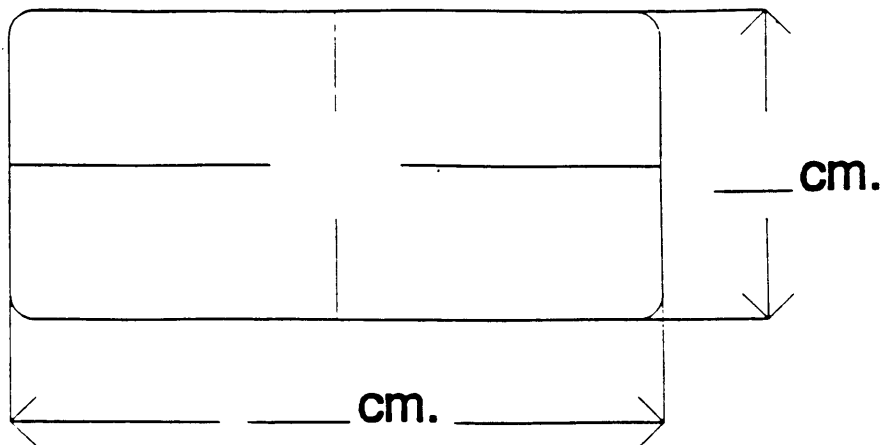
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

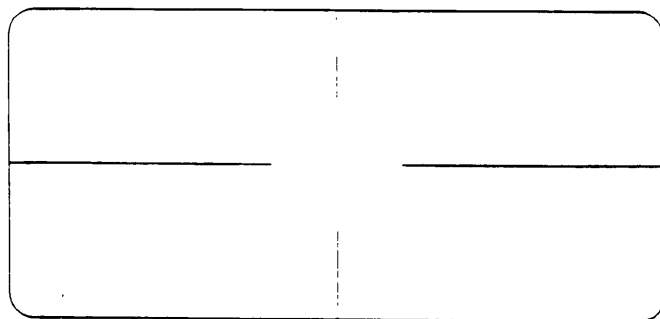
vent hole size
1.5cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



NO Passenger AIR Bag

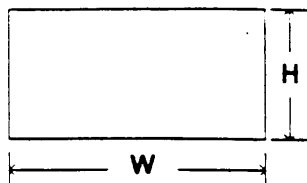
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

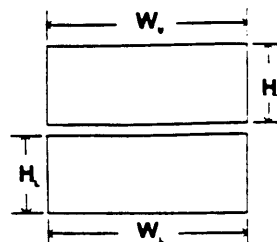
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

height (H_l) _____

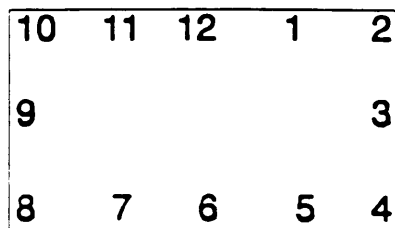


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

NA

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

N/A

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

N/A

4. SKETCH AIR BAG VENT PORTS

N/A

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	2	5	5
	Seat Back Incline Pre/Post Impact	14	23	23
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	14	14	14
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

Post CRASH
 measurement from post CRASH position of
 DRIVER seatback to steering wheel Hub
 was 43cm (16.9 in)

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

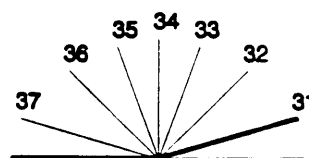
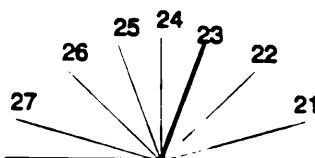
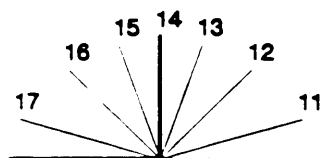
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		N/A				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

Appendix F:

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9506</u></p> <p>3. Vehicle Number <u>02</u></p> <p style="text-align: center;">VEHICLE IDENTIFICATION</p> <p>4. Vehicle Model Year <u>93</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>Chevrolet</u> <u>20</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>20</u> <u>461</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>21</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>248E625K1P4</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Left justify; Slash zeros and letter Z (0 and-Z) No VIN—Code all zeros Unknown—Code all nines</p> <p>9. Vehicle Special Use (This Trip) <u>0</u> (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): _____ (9) Unknown</p>	<p>12. Speed Limit <u>000</u> (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown <u>40</u> mph X 1.6093 = _____ kmph</p> <p>13. Police Reported Alcohol Presence For Driver <u>0</u> (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present (9) Unknown</p> <p>14. Alcohol Test Result For Driver <u>00</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: <u>PAR</u></p> <p>15. Police Reported Other Drug Presence For Driver <u>0</u> (0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown</p> <p>16. Other Drug Specimen Test Result For Driver <u>0</u> (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): _____ (3) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p> <p>17. Driver's Zip Code <u>[REDACTED]</u> (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99998) No driver present (99999) Unknown</p> <p>18. Driver's Race/Ethnic Origin <u>1</u> (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify): _____ (8) No driver present (9) Unknown</p>
OFFICIAL RECORDS	
<p>10. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>11. Police Reported Travel Speed <u>999</u> Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown ____ mph X 1.6093 = _____ kmph</p>	

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fulsize [78 and after], fulsize Blazer, fulsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 3

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
 (2) Two *Driveway*
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 02
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone
 (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location
 and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle
 (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event
 (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to
 Recognition of Critical Event) 11
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous
 critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 15
This Vehicle Loss of Control Due To:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off)
 (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew
 up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.)
 (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady
 speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor
 vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
 lane line
 (61) From adjacent lane (same direction)—over right
 lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same
 direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite
 direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details
 unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway
 (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching
 roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown
 location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

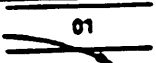
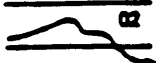

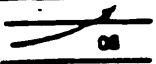


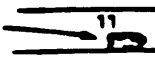


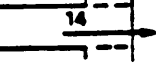
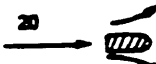
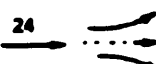
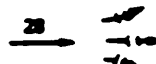






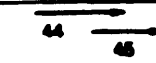

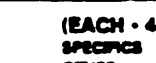
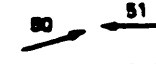
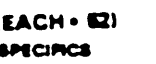








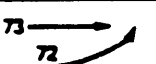
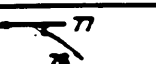
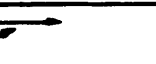
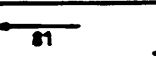



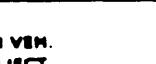
36. Accident Type 84

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Code	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH.. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH.. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL. 28, 30, 31	 25 (EACH - 32) SPECIFICS OTHER	 26 (EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH - 42) (EACH - 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH - 62) (EACH - 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL SAME DIRECTIONS	(EACH - 74) (EACH - 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO SAME DIRECTION	 81 TURN INTO OPPOSITE DIRECTIONS	(EACH - 84) (EACH - 85) SPECIFICS OTHER SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 STRAIGHT PATHS	 89 STRAIGHT PATHS	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 2430
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
5.240 lbs X .4536 = 2.426 kgs

Source: _____

44. Vehicle Cargo Weight 0.040
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
80 lbs X .4536 = 36 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 30
54. Heading Angle For Other Vehicle 270

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle _____
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 03

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program
 -damage only routine
 (02) Reconstruction program
 -damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

01313.15 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 011-11.38 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 0076.59 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

011.90011873.2 Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

Highest

63. Impact Speed

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? ☒ YES ☐ NOIF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? ☒ YES ☐ NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>1</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9506</u>		

VEHICLE IDENTIFICATION

VIN 2GBEG25K1P4 Model Year 93
Vehicle Make (specify): Chevrolet Vehicle Model (specify): G-20 VAN

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
	REPAIRED		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>125.</u>	inches	x	2.54	=	<u>318</u>	cm
Overall Length	<u>204.1</u>	inches	x	2.54	=	<u>518</u>	cm
Maximum Width	<u>79.5</u>	inches	x	2.54	=	<u>202</u>	cm
Curb Weight	* <u>5,348</u>	pounds	x	0.4536	=	<u>2,426</u>	kg
Average Track	<u> .</u>	inches	x	2.54	=	<u> </u>	cm
Front Overhang	<u> .</u>	inches	x	2.54	=	<u>76</u>	cm
Rear Overhang	<u> .</u>	inches	x	2.54	=	<u>125</u>	cm
Undeformed End Width	<u> .</u>	inches	x	2.54	=	<u>180</u>	cm
Engine Size: cyl/disl.	<u> </u>	cc	x	0.001	=	<u>5.7</u>	L
	<u> </u>	CID	x	0.0164	=	<u> </u>	L

4048 curb
1300 conversion *

5348

* per conversion dealer, estimated add ons.

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} Repair Cost: \$ 5,744

Transmission: {circle} Automatic | Manual **Speed:** 3-speed | 4-speed | 5-speed | Other:

Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
{please describe}:

Brakes: {circle} **Power-assisted** | **Manual** **Type:** 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
| front disc, rear drum | Other:

Observed Defects: {specify}

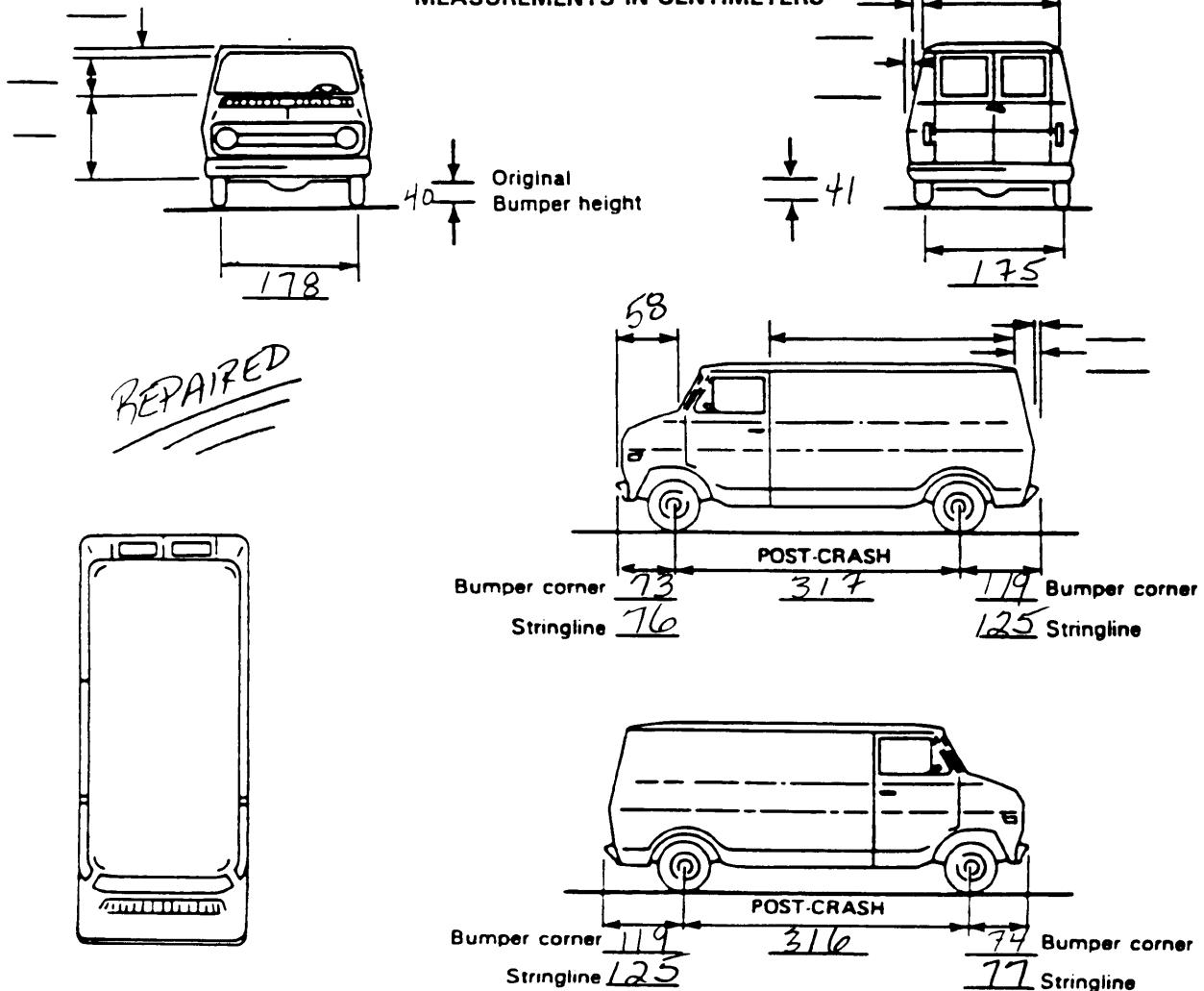
Fleet Type: ☒ Private vehicle | ☐ Rental vehicle | ☐ Leased vehicle | ☐ Commercial vehicle | ☐ Other

{ please describe }:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>318</u> cm Overall Length <u>518</u> cm Maximum Width <u>202</u> cm Curb Weight <u>2426</u> kg Average Track <u>176</u> cm Front Overhang <u>76</u> cm Rear Overhang <u>125</u> cm Undeformed End Width <u>180</u> cm Engine Size: cyl./displ. <u>5.7 V8 L</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

(31) Overturn — rollover (excludes end-over-end)

(32) Rollover—end-over-end

(33) Fire or explosion

(34) Jackknife

(35) Other intraunit damage (specify): _____

(36) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

(41) Tree (≤ 10 cm in diameter)(42) Tree (> 10 cm in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤ 10 cm in diameter)(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)(52) Pole or post (> 30 cm in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

(71) Medium/heavy truck or bus not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	-40		F	L	E	W	03
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
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COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>LL</u>	7. <u>F</u>	8. <u>L</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 180
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 318
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 176
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>2</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>1</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>1</u>	39. Location of Fuel Tank-1	<u>1</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): <u>Failed to take photo</u>		(0) No fuel tank	
(Include photograph of CERTIFICATION PLACARD in case report)		(1) Aft of center of the rear wheels (rear axle) centered	
(9) Unknown if vehicle is modified		(2) Aft of center of the rear wheels (rear axle) left side	
		(3) Aft of center of the rear wheels (rear axle) right side	
		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

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U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9506

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 4 17. RF 4 18. LR 4 19. RR 4
20. BL 4 21. Roof 0 22. Other 4

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1
28. BL 2 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 9 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

Note: Sketch intruded areas

Note: Sketch intruded areas

[illegible]

Document no more than the 15 most severe intrusions

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OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>9</u> <u>9</u>	48. <u>9</u> <u>9</u>	49. <u>9</u>	50. <u>9</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
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	—		=	
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	—		=	
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STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 1

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

- (00) No steering rim deformation

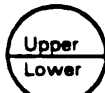
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading 35,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
21,502 miles x 1.6093 = 34,604 kilometers

Source: Odometer93. Instrument Panel Damage from Occupant Contact? 0

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 0

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

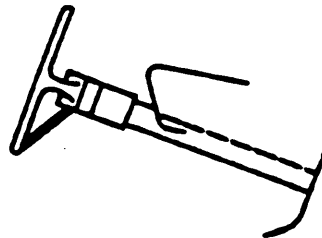
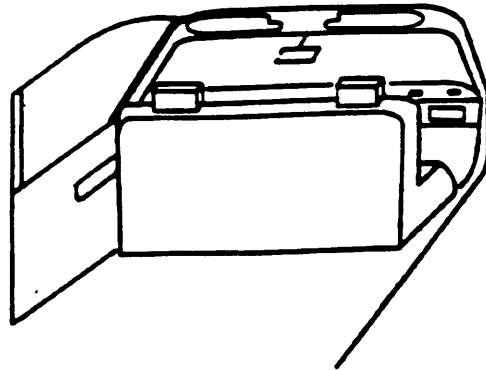
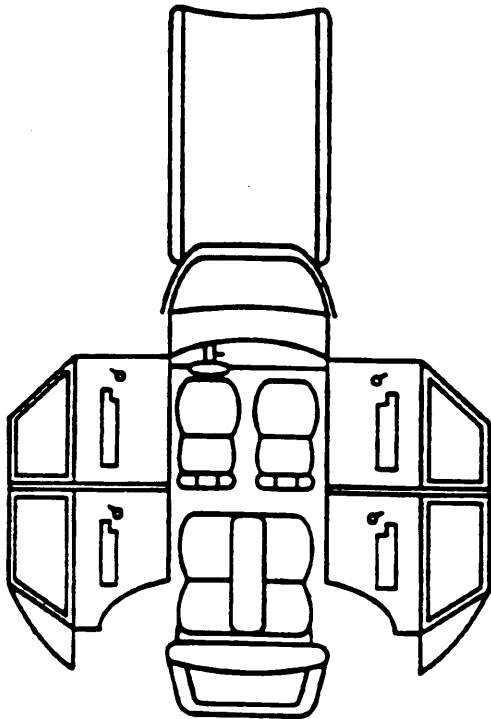
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____
 [] Additional or relocated switches (specify): _____
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

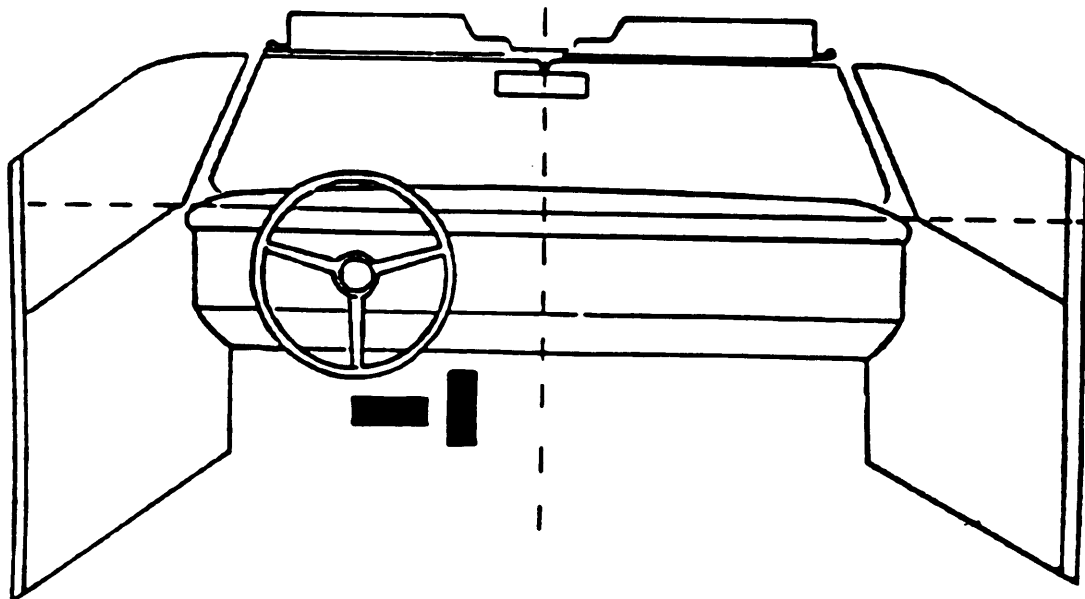
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



REPAIRED



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

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POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A				Vehicle REPAIRED	
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object. (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
 RIGHT SIDE
 (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):
 AIR BAG
 (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	04		04
	Used in this crash?	04		00
	Proper Use	1		0
	Failure Modes	1		0
	Anchorage Adjustment	1		1
SECOND	Availability	4	0	4
	Evidence of usage	04		04
	Used in this crash?	00		00
	Proper Use	0		0
	Failure Modes	0		0
	Anchorage Adjustment	1		1
OTHER	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	0	0	0
	Deployment	0	0	0
	Failure	0	0	0

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	0	0
Flaps open at tear points?	0	0
Flaps damaged?	0	0
Air bag damaged?	00	00
Source of air bag damage	00	00
Air bag tethered?	0	0
Air bag have vent ports?	0	0
Other occupant contact air bag?	0	0
Occupant wearing eyewear?	0	0

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

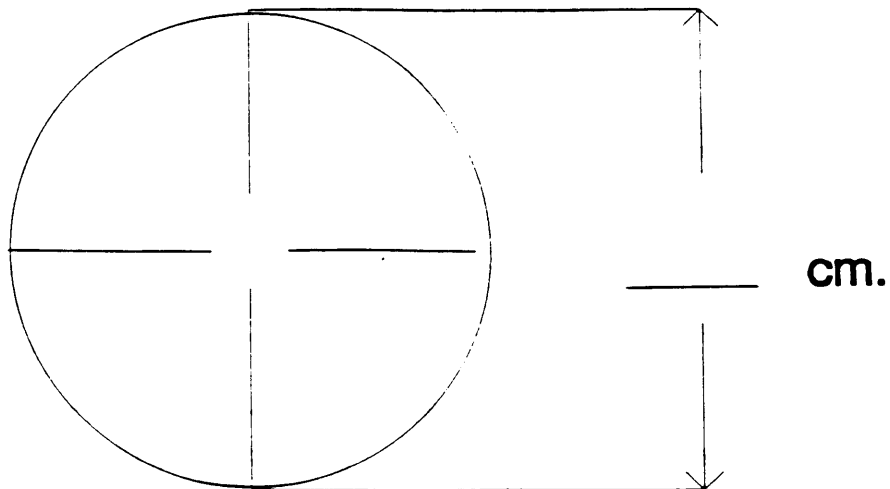
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

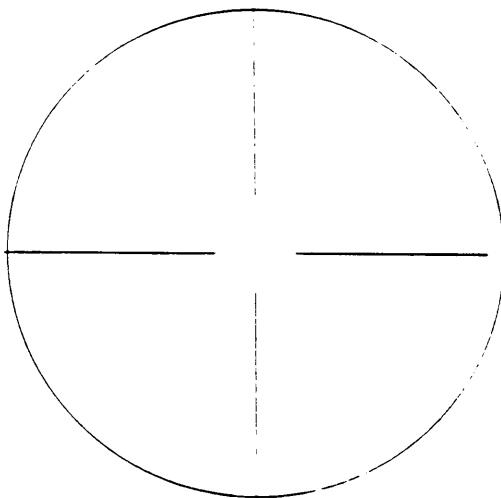
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

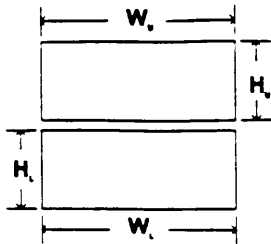
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

height (H_L) _____

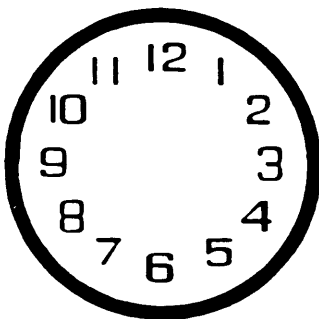


N/A

4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

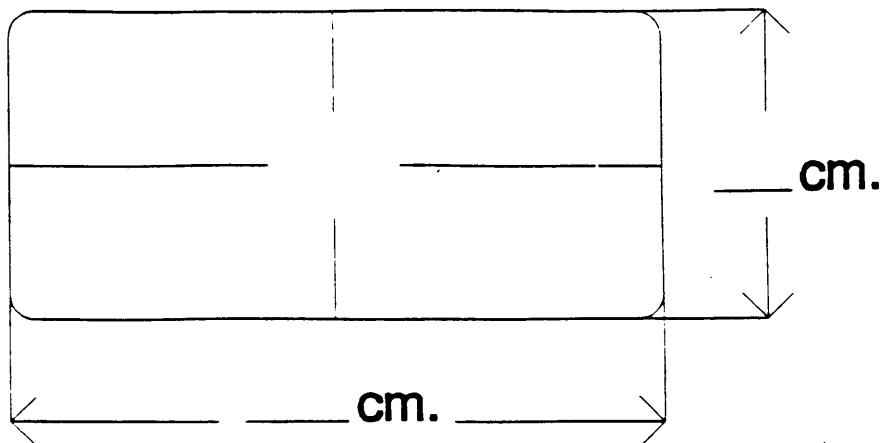
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



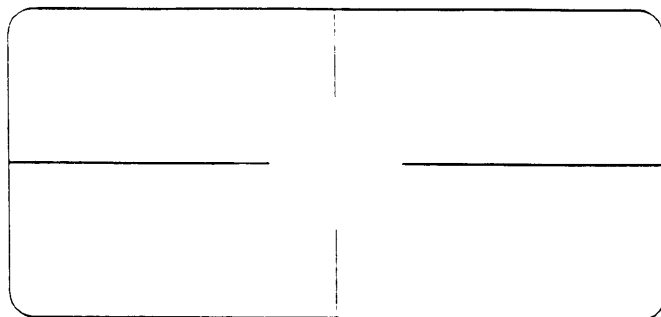
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



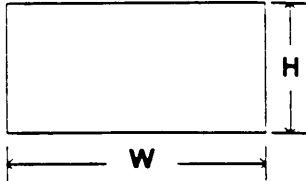
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

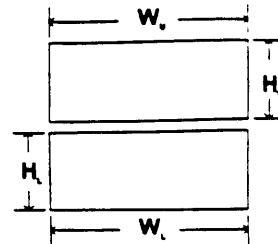
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

height (H_l) _____

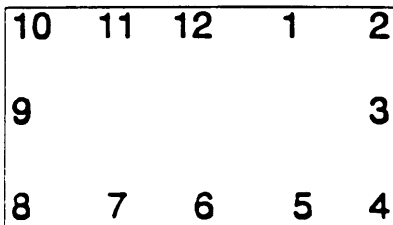


N/A

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

N/A

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1		1
	Seat Type	02		02
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	3		3
	Seat Back Incline Pre/Post Impact	14		14
SECOND	Head Restraint Type/Damage	1		1
	Seat Type	02		02
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	1		1
	Seat Back Incline Pre/Post Impact	14		14
THIRD	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	14	14	14
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

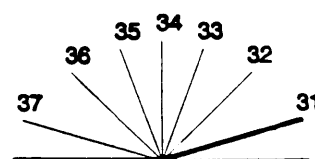
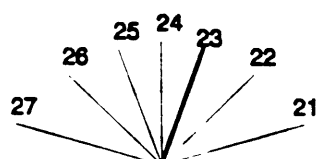
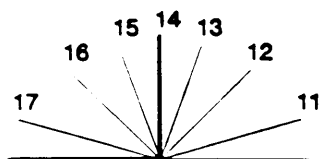
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		N/A				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

- (99) Unknown if child safety seat used
- 3. Child Safety Seat Harness Usage**

4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage**
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used
- Designed With Harness/Shield/Tether
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used
- Unknown If Designed With Harness/Shield/Tether
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

Appendix G:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	Interviewee(s) Role or Name(s):	<u>Husband of</u>
2. Case Number - Stratum	<u>9506</u>		<u>PASSENGER (DRIVER Deceased)</u>
3. Vehicle Number	<u>01</u>		<u>*Husband was interpreter</u>

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

was pass in Lincoln continental which hit RED VAN which turned into her lane EAST. Lincoln was WB they saw the VAN thought it was going to stop. They were driving normal speed.

I think sun was in her eyes when she turned back EAST she still couldn't see right and didn't see my wife & DEAD women driver.

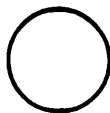
* We had only met this women (driver) a couple months ago at bingo. She was also from [REDACTED]

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

where were they coming from? EAST to west going to Bingo. Had just picked up my wife 3 blocks EAST of [REDACTED] from grocery store

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION	
IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER: <i>Husband of PASS. Interpreter</i>	
SOURCE OF INFORMATION:	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input checked="" type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input checked="" type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <u>SPEED LIMIT</u> <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: <input type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input checked="" type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
Did driver take avoidance actions? <input type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <i>NO MEMORY</i>	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): <u>UNKNOWN</u>
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	
What race does the driver consider themselves?	<input type="checkbox"/> White <input checked="" type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN - - SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP THIS SECTION
☐ UNKNOWN - - SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

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SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>Don't Know</u>
How long have you driven this vehicle?	Years: <u>UNK</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>UNK</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road <u>UNK</u>
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Picking up this occup. at grocery store</u>
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <u>Bingo</u> <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # 2	OCCUPANT # _
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
What is the Sex, Height, Weight, and Age of each occupant? - 40	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'2" WEIGHT: 110 AGE: 35	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'5" WEIGHT: 145 AGE: 55	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed UNK E N	Indicate all letters that apply and further describe as needed Feet on Floor A on her LAP K	Indicate all letters that apply and further describe as needed

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <i>think so</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <i>unknown</i>	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

- ☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)
☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy, or asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☒ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
Do any of the belts have a motorized track for the seat?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the door such that when the door is opened the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: ___ Chest ___ Lap ___ Both	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: ___ Chest ___ Lap ___ Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: ___ Chest ___ Lap ___ Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

What type of belt were you [and other occupant(s)] wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
How was the lap belt situated?	<input type="checkbox"/> Over lap <input type="checkbox"/> Under lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over lap <input type="checkbox"/> Under lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over lap <input type="checkbox"/> Under lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify)
How was the shoulder belt situated?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input checked="" type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # <u>1</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - continue to right <input checked="" type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown <u>N/A</u>	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <u>N/A</u>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <u>N/A</u> If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <u>N/A</u>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

National Accident Sampling System-Crashworthiness Data System: Interview Form

PAGE 7

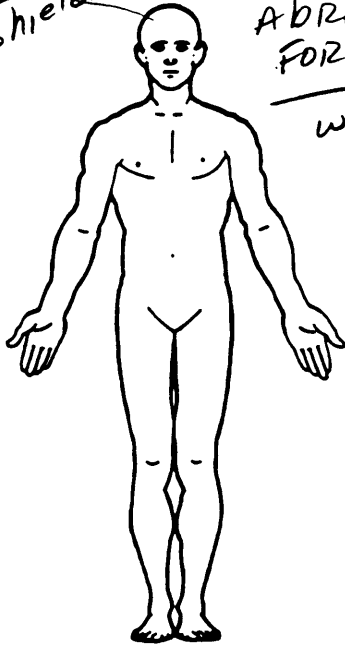
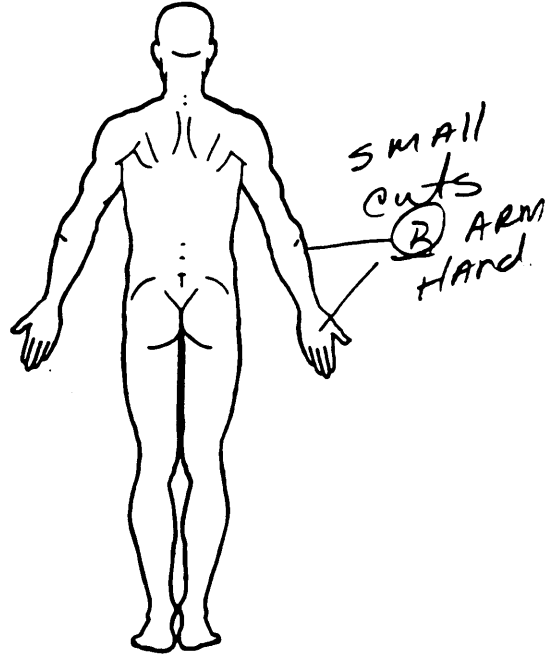
INJURY INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF MEDICAL TREATMENT IS RECEIVED, RECORD THE LOCATION, LESION, AND SOURCE OF THE INJURY IN THE MANIKIN PAGE(S)			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?		<u>ER</u>	<u>HOSP</u>
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <u>UNKNOWN</u> <u>DOCTOR</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>> 60 days</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release? • If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown <u>SEND to my LAWYER</u> DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

National Accident Sampling System-Crashworthiness Data System: Interview Form

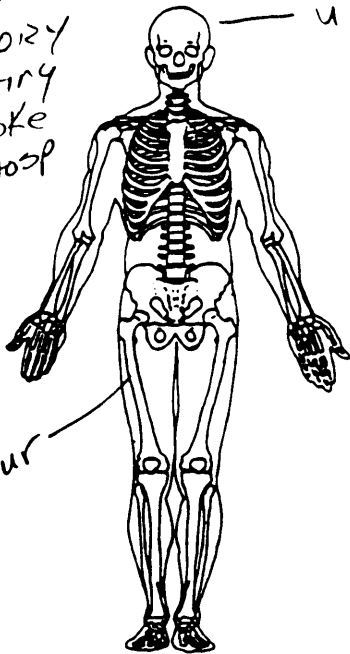
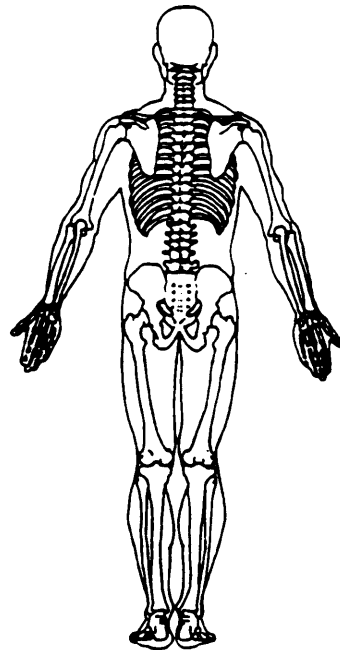
Page 8

PSU Number 10 Case Number—Stratum 9506 Vehicle Number 01 Occupant Number 02

INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Husband of PassengerBump & cut
② HEAD
windshieldSOFT TISSUE/INTERNAL INJURIES
ABRASIONS
FOREHEAD
windshield

SKELETAL INJURIES

HEAD
injuries
NO memory
After hitting
VAN woke
up in Hospunconscious
at scene
windshield

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

National Accident Sampling System-Crashworthiness Data System: Interview Form

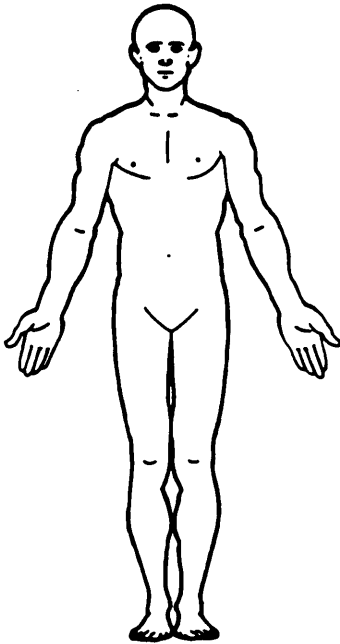
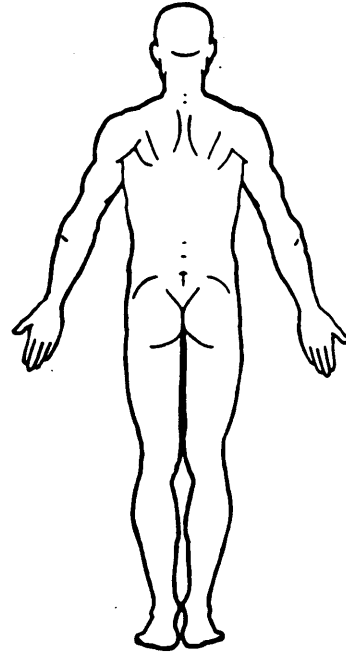
Page 9

PSU Number 10 Case Number-Stratum 9506 Vehicle Number 01 Occupant Number 01

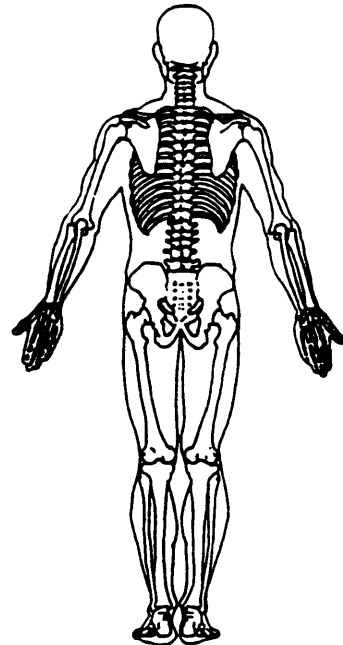
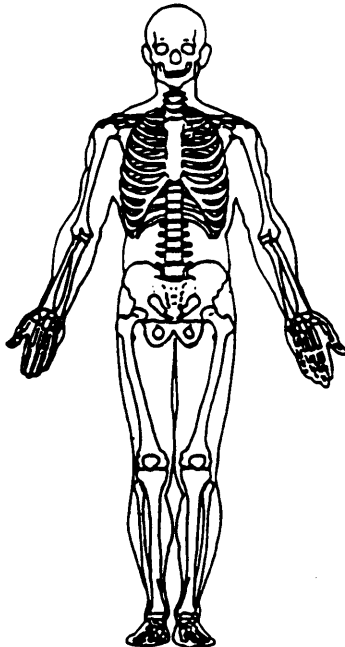
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Husband of
Passenger

SOFT TISSUE/INTERNAL INJURIES

HEAD
INJURIES
PER
INTERVIEWEE

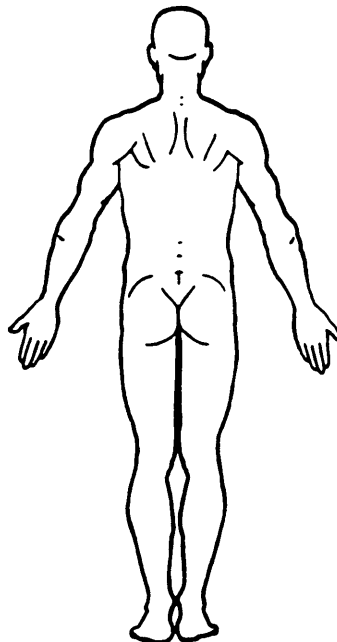
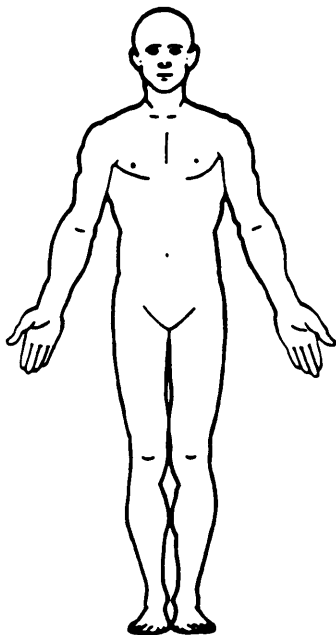
SKELETAL INJURIES



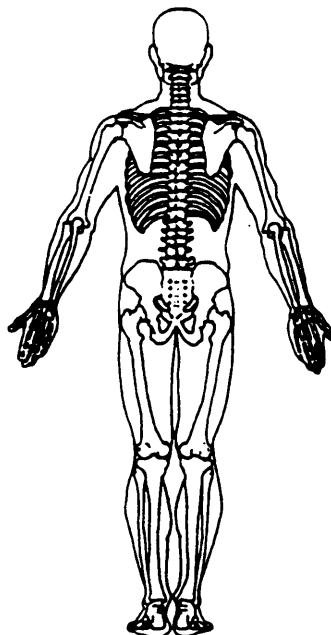
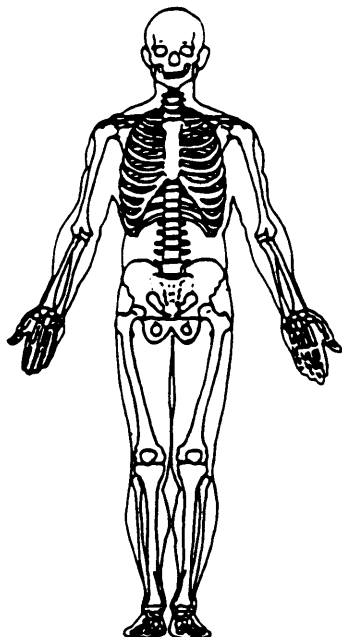
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9506 Vehicle Number 01 Occupant Number **INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix H:

NASS CDS INTERVIEW FORM:

VEHICLE #2 DRIVER



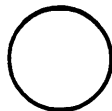
U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9506</u> 3. Vehicle Number <u>02</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u> <u>of this vehicle</u>
Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.	
If the driver was not the person interviewed, was an appointment made for a follow-up interview?	
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS	
<p>I was ready to pull out (L) I looked to my (L) no cars looked to (R) no cars was just going to pull into turn lane to check again prior to pulling out into eastbound traffic as I was doing + (pulling into turn lane) we hit.</p>	
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS	
SPECIFIC QUESTIONS TO ASK INTERVIEWEE	

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?) <i>turning EAST</i>
What lane were you in?	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <i>Sun setting in west</i> <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
Did driver take avoidance actions? <input type="checkbox"/> Yes (Check all that apply) → <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify):
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	
What race does the driver consider himself?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN - - SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP THIS SECTION
☐ UNKNOWN - - SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) _____ <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 <u>93</u></p> <p>Make: <u>Chevrolet</u></p> <p>Model: <u>G-20 CONV VAN</u></p>
<p>Was there any damage to the vehicle that is not related to this crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the doors or hatch come open during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the windows break during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Were any windows open (O) or partially open (P) prior to the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * "O" = open "P" = partially open</p> <p><input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Did the glove compartment door come open during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Was there any cargo in the vehicle at the time of the crash?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>TV, VCR, Briefcase</u> <u>? cushions</u></p> <p>Approximate weight - <u>80</u> pounds</p> <p><input type="checkbox"/> Unknown</p>
<p>Approximate mileage on the vehicle?</p>	<p><u>21490</u> miles</p> <p><input type="checkbox"/> Unknown</p>
<p>If you have not inspected the vehicle, or permission is needed, ask if you may look at their vehicle to assess the damage and ascertain the following:</p>	<p>Current location of the vehicle: _____</p> <p>Contact person: _____</p>
<p>Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:</p> <p style="text-align: center;"> ④ TIRE FLAT ④ DOOR JAMMED mileage 21529 </p>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> School
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown	
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing	
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown	
How would you describe the amount of traffic at the time of the crash?	<input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present	
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input checked="" type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____	
How long have you driven this vehicle?	Years: <u>2</u> Months: <u>5</u>	
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>10,000</u>	
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road	
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
What is the Sex, Height, Weight, and Age of each occupant?	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'3"</u> WEIGHT: <u>117</u> AGE: <u>38</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input checked="" type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed (B) - A (L) Floor F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleeping / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
SKIP THESE QUESTIONS IF NO SEAT BELT WAS WORN Do any of the belts move along a motorized track for this seat?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the door such that when the door is opened the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you (and other occupant(s)) wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

What type of belt were you (and other occupant(s)) wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
How was the lap belt situated?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
How was the shoulder belt situated?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

[] YES (IF "YES" COMPLETE THIS SECTION)

[X] NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
Had this vehicle been in any previous crashes? [] NO [] YES - continue to right [] UNKNOWN - go to box below	[] Prior crash <u>without</u> deployment [] One prior crash <u>with</u> deployment [] > 1, <u>with</u> at least one deployment [] Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED	[] Prior crash <u>without</u> deployment [] One prior crash <u>with</u> deployment [] > 1, <u>with</u> at least one deployment [] Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED	[] Prior crash <u>without</u> deployment [] One prior crash <u>with</u> deployment [] > 1, <u>with</u> at least one deployment [] Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED
Type of air bag?	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown
Had any prior maintenance / service been performed on the air bag system?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:
Did the air bag inflate during this crash?	[] Yes [] Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes [] Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes [] Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:
Was the air bag in this position contacted by another occupant?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

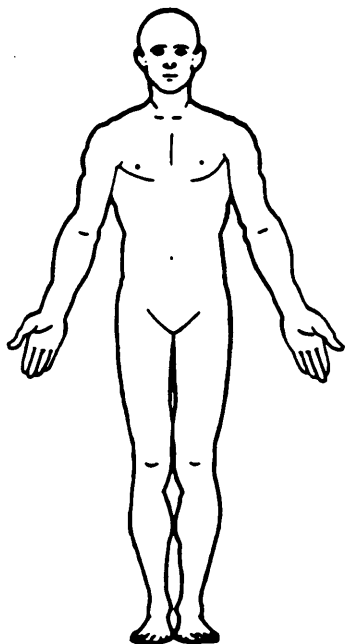
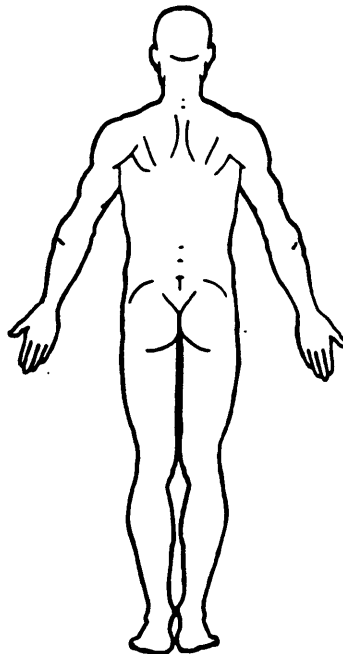
INJURY INFORMATION			
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other (specify): <u>SORENESS</u>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF OCCUPANTS RECEIVED MEDICAL TREATMENT, CHECKED IN THE MANIKIN PAGE(S)			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>1</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9506 Vehicle Number 02 Occupant Number 01

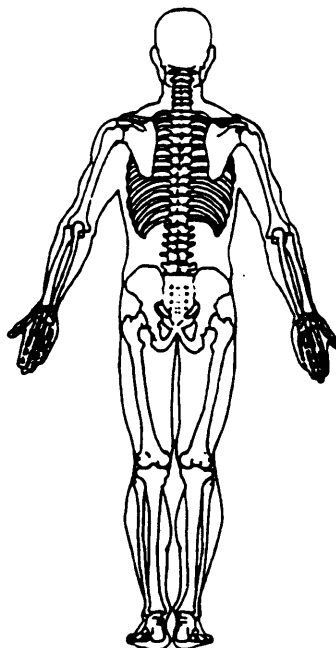
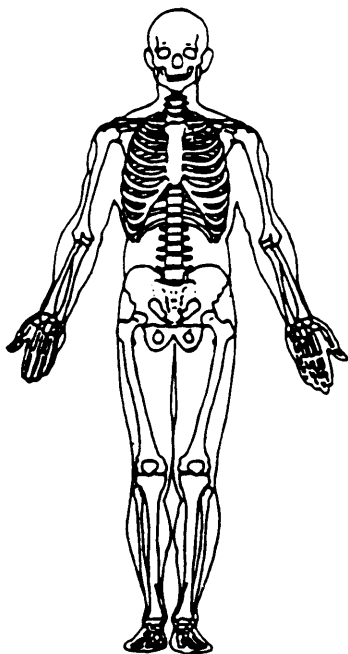
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER /this occup.

SOFT TISSUE/INTERNAL INJURIES

SORE
NECK
3 days

SKELETAL INJURIES



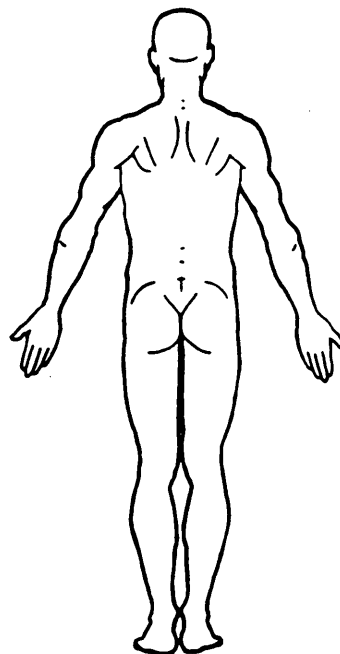
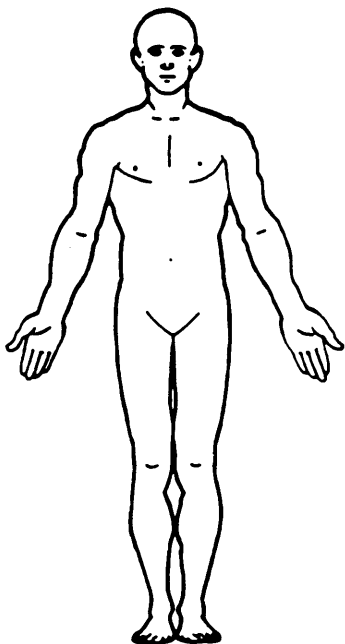
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9506 Vehicle Number 02 Occupant Number

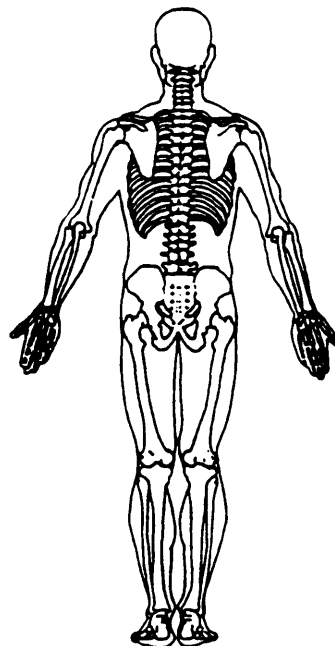
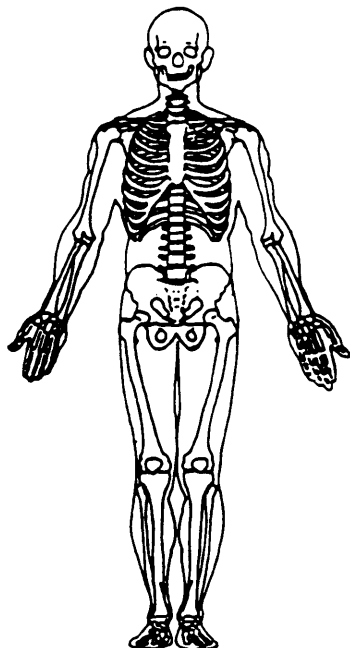
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

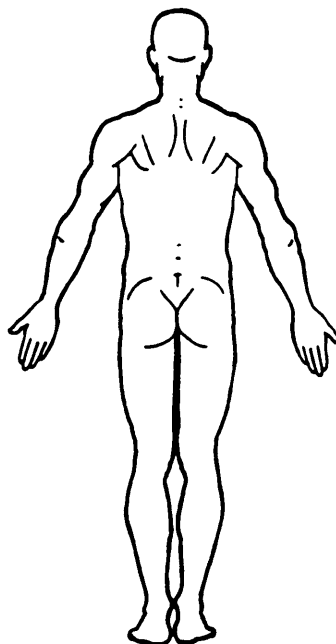
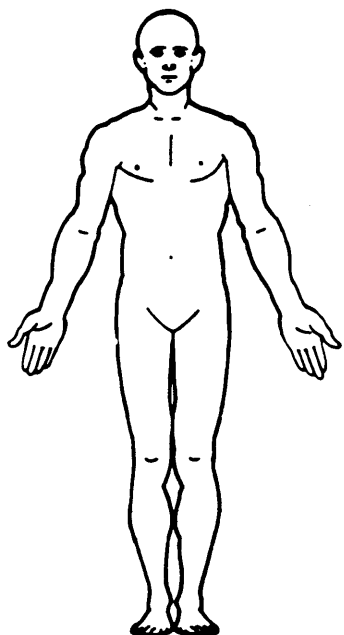
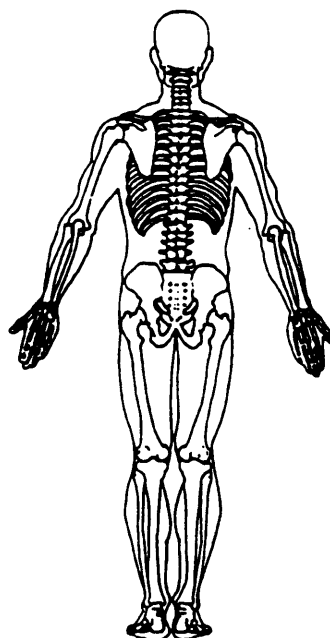
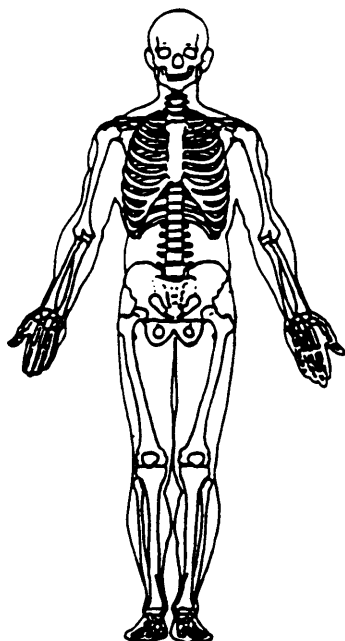
SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9506 Vehicle Number 02 Occupant Number **INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number 102. Case Number - Stratum 95063. Vehicle Number 02**INTEGRITY**4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 4 17. RF 4 18. LR 4 19. RR 4
20. BL 4 21. Roof 0 22. Other 4

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1
28. BL 2 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 9 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

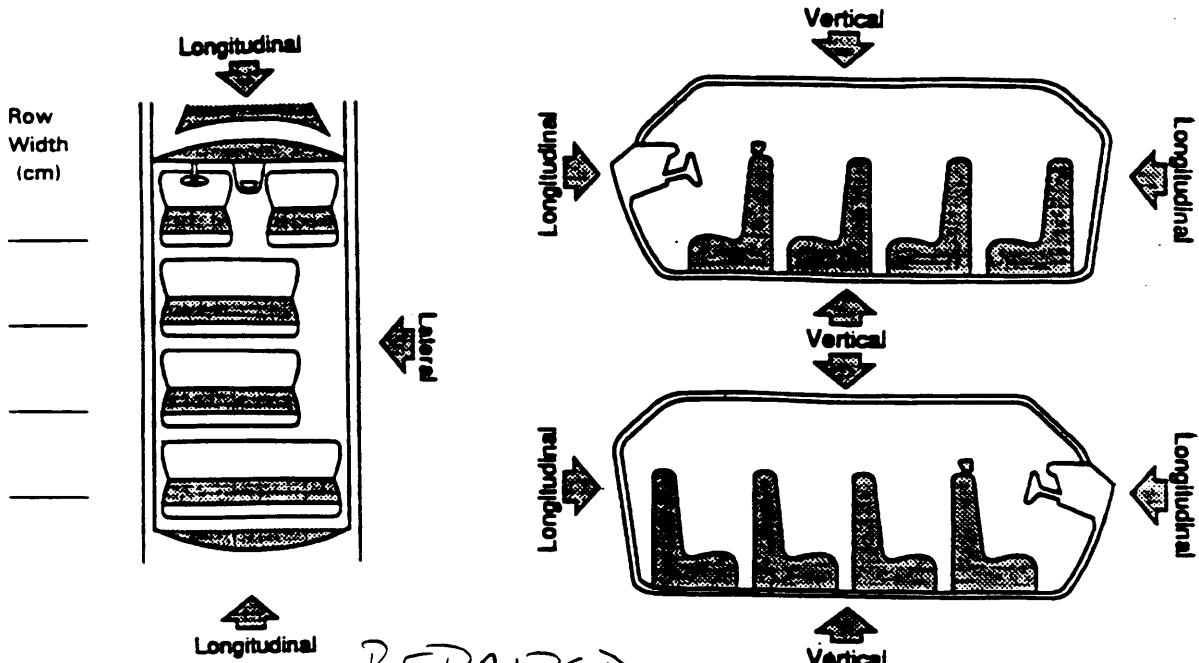
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
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			—		=	

Document no more than the 15 most severe intrusions

112-14

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>99</u>	48. <u>99</u>	49. <u>9</u>	50. <u>9</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
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Appendix I:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9506

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

38

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

157

Code actual height to the nearest
centimeter.

(999) Unknown

62 inches X 2.54 = 157 centimeters

8. Occupant's Weight

050

Code actual weight to the nearest
kilogram.

(999) Unknown

110 pounds X .4536 = 49.9 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 0

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 7

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [X] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 0018

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify): _____
 (03) Object carried by occupant, (specify): _____
 (04) Adaptive/assistive controls, (specify): _____
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify): _____
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 9
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): _____
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown
50. Seat Type (this Occupant Position) 06
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): _____
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

PER 2
 through
 husband
 (interpreter)

PER
 inspection

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

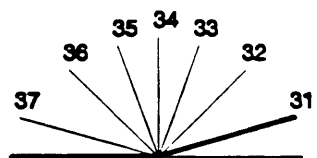
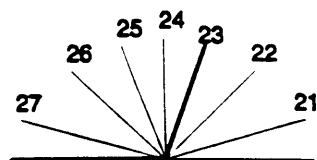
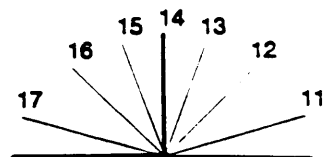
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation
 (99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

64. Hospital Stay00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost62

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 01

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0368. 2nd Medically Reported Cause of Death 0469. 3rd Medically Reported Cause of Death 01

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 15

15 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 01

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9506</u>	4. Occupant Number <u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Lacerated brain stem 1st	5. <u>1</u>	6. <u>1</u>	7. <u>4</u>	8. <u>02</u>	9. <u>12</u>	10. <u>6</u>	11. <u>8</u>	12. <u>203</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Intracranial hemorrhage 2nd large	16. <u>1</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>48</u>	21. <u>5</u>	22. <u>9</u>	23. <u>170</u>	24. <u>1</u>	25. <u>2</u>	26. <u>00</u>
Laceration 3rd carotid artery + sinus	27. <u>1</u>	28. <u>1</u>	29. <u>2</u>	30. <u>10</u>	31. <u>02</u>	32. <u>5</u>	33. <u>1</u>	34. <u>170</u>	35. <u>1</u>	36. <u>2</u>	37. <u>00</u>
Laceration 4th carotid artery + sinus	38. <u>1</u>	39. <u>1</u>	40. <u>2</u>	41. <u>10</u>	42. <u>02</u>	43. <u>5</u>	44. <u>2</u>	45. <u>170</u>	46. <u>1</u>	47. <u>2</u>	48. <u>00</u>
Laceration heart valve 5th	49. <u>1</u>	50. <u>4</u>	51. <u>4</u>	52. <u>12</u>	53. <u>00</u>	54. <u>5</u>	55. <u>4</u>	56. <u>170</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
Contusions lungs bilaterally 6th	60. <u>1</u>	61. <u>4</u>	62. <u>4</u>	63. <u>14</u>	64. <u>10</u>	65. <u>4</u>	66. <u>3</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
Basilar skull Frx, hinged through middle cranial fossa 7th	71. <u>1</u>	72. <u>1</u>	73. <u>5</u>	74. <u>02</u>	75. <u>06</u>	76. <u>4</u>	77. <u>8</u>	78. <u>203</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
Displaced Frx 8th parietal + occipital bones	82. <u>1</u>	83. <u>1</u>	84. <u>5</u>	85. <u>04</u>	86. <u>04</u>	87. <u>3</u>	88. <u>2</u>	89. <u>203</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
Frx 9th ribs: 2nd-3rd	93. <u>1</u>	94. <u>4</u>	95. <u>5</u>	96. <u>02</u>	97. <u>02</u>	98. <u>2</u>	99. <u>2</u>	100. <u>175</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</u>
Broken Neck 10th	104. <u>6</u>	105. <u>6</u>	106. <u>5</u>	107. <u>02</u>	108. <u>16</u>	109. <u>2</u>	110. <u>6</u>	111. <u>170</u>	112. <u>3</u>	113. <u>1</u>	114. <u>00</u>

OCCUPANT INJURY DATA											
Source of Injury Data	Body Region	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
tusion 11th Scalp	<u>1</u>	<u>1</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>1</u>	<u>2Ø5</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
tusion 12th Scalp	<u>1</u>	<u>1</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>2</u>	<u>2Ø3</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
asion 13th mandibular area	<u>1</u>	<u>2</u>	<u>9</u>	<u>Ø2</u>	<u>Ø2</u>	<u>1</u>	<u>8</u>	<u>175</u>	<u>1</u>	<u>1</u>	<u>ØØ</u>
usions 14th k	<u>1</u>	<u>3</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>9</u>	<u>17Ø</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
tusions 15th est	<u>1</u>	<u>4</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>4</u>	<u>17Ø</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
16th	—	—	—	---	---	—	—	-----	—	—	---
17th	—	—	—	---	---	—	—	-----	—	—	---
18th	—	—	—	---	---	—	—	-----	—	—	---
19th	—	—	—	---	---	—	—	-----	—	—	---
20th	—	—	—	---	---	—	—	-----	—	—	---
21st	—	—	—	---	---	—	—	-----	—	—	---
22nd	—	—	—	---	---	—	—	-----	—	—	---
23rd	—	—	—	---	---	—	—	-----	—	—	---
24th	—	—	—	---	---	—	—	-----	—	—	---
25th	—	—	—	---	---	—	—	-----	—	—	---

Contusion
R scalp

Contusion
12th
Scalp

Abrasion /
13th
mandibular area

Contusions
neck

contusions
15th
chest

16th

17th

18th

19th

20th

21st

22nd

23rd

24th

25th



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1. Primary Sampling Unit Number

10

3. Vehicle Number

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2. Case Number - Stratum

9506

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90			Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure									
Laceration brain stem	1st	5. <u>1</u>	6. <u>1</u>	7. <u>4</u>	8. <u>02</u>	9. <u>12</u>	10. <u>6</u>	11. <u>8</u>	12. <u>203</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Intracranial hemorrhage	2nd	16. <u>1</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>43</u>	21. <u>5</u>	22. <u>9</u>	23. <u>170</u>	24. <u>1</u>	25. <u>2</u>	26. <u>00</u>
Laceration carotid artery	3rd	27. <u>1</u>	28. <u>1</u>	29. <u>2</u>	30. <u>10</u>	31. <u>02</u>	32. <u>5</u>	33. <u>1</u>	34. <u>170</u>	35. <u>1</u>	36. <u>2</u>	37. <u>00</u>
Laceration carotid artery	4th	38. <u>1</u>	39. <u>1</u>	40. <u>2</u>	41. <u>10</u>	42. <u>02</u>	43. <u>5</u>	44. <u>2</u>	45. <u>170</u>	46. <u>1</u>	47. <u>2</u>	48. <u>00</u>
Laceration heart valve	5th	49. <u>1</u>	50. <u>4</u>	51. <u>4</u>	52. <u>12</u>	53. <u>00</u>	54. <u>5</u>	55. <u>4</u>	56. <u>175</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
Contusion lungs	6th	60. <u>1</u>	61. <u>4</u>	62. <u>4</u>	63. <u>14</u>	64. <u>10</u>	65. <u>4</u>	66. <u>3</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
Basilar skull Fr. ningeal Through middle cranial fossa	7th	71. <u>1</u>	72. <u>1</u>	73. <u>5</u>	74. <u>02</u>	75. <u>06</u>	76. <u>4</u>	77. <u>8</u>	78. <u>203</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
Displaced Fr. occipital & occipital bones	8th	82. <u>1</u>	83. <u>1</u>	84. <u>5</u>	85. <u>04</u>	86. <u>04</u>	87. <u>3</u>	88. <u>2</u>	89. <u>203</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
Fr. ribs 2nd-3rd	9th	93. <u>1</u>	94. <u>4</u>	95. <u>5</u>	96. <u>02</u>	97. <u>02</u>	98. <u>2</u>	99. <u>2</u>	100. <u>175</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</u>
Broken Neck	10th	104. <u>6</u>	105. <u>6</u>	106. <u>5</u>	107. <u>02</u>	108. <u>16</u>	109. <u>2</u>	110. <u>6</u>	111. <u>170</u>	112. <u>3</u>	113. <u>1</u>	114. <u>00</u>

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
Contusion 11th Scalp	<u>1</u>	<u>1</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>1</u>	<u>205</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
Contusion 12th Scalp	<u>1</u>	<u>1</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>2</u>	<u>203</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
Abrasion 13th submandibular area	<u>1</u>	<u>2</u>	<u>9</u>	<u>Ø2</u>	<u>Ø2</u>	<u>1</u>	<u>8</u>	<u>175</u>	<u>1</u>	<u>1</u>	<u>ØØ</u>
Contusions 14th neck	<u>1</u>	<u>3</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>9</u>	<u>170</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
Contusions 15th chest	<u>1</u>	<u>4</u>	<u>9</u>	<u>Ø4</u>	<u>Ø2</u>	<u>1</u>	<u>4</u>	<u>170</u>	<u>2</u>	<u>1</u>	<u>ØØ</u>
16th	—	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—	—

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OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- | | |
|-----|---------------------------|
| (1) | Minor Injury |
| (2) | Moderate Injury |
| (3) | Serious Injury |
| (4) | Severe Injury |
| (5) | Critical Injury |
| (6) | Maximum (untreatable) |
| (7) | Injured, unknown severity |

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

AUTOPSY (except as noted)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Contusions + hemorrhages of scalp @ temporal areas, bilaterally

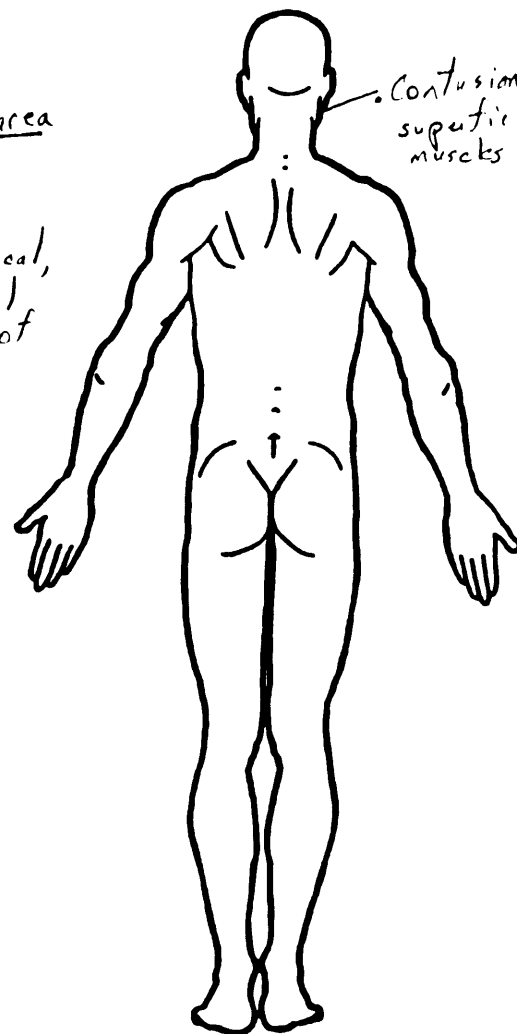
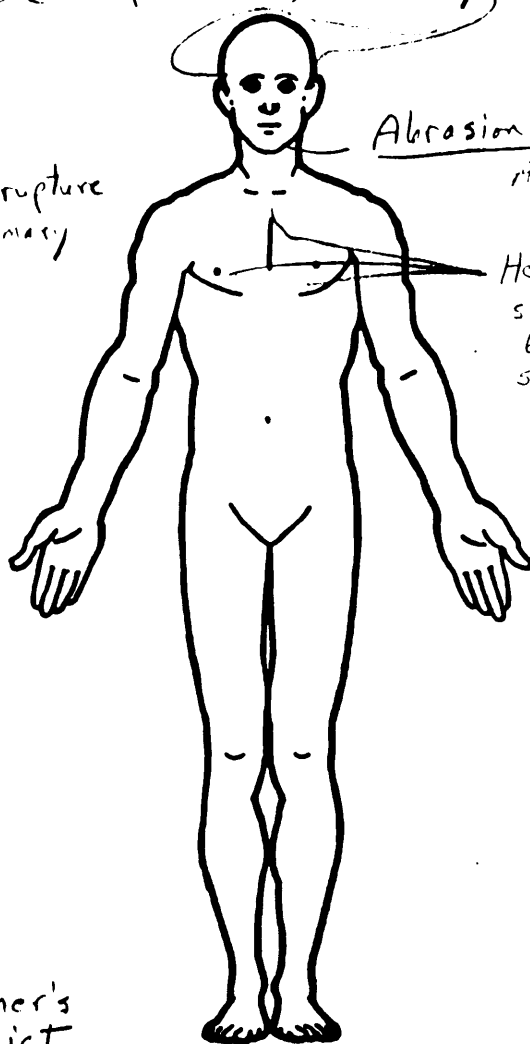
- Top air bag cover flag struck deceased under the chin (CV)

- Traumatic rupture of (R) mammary implant

Abrasion @ submandibular area rt. Bag

Hemorrhage, multifocal, subcutaneous, bilateral breasts + manubrium of sternum

Contusions + hemorrhages superficial cervical muscles



CV = Coroner's Verdict

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No (CV)

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = 0

(CV)

Glasgow Come
Scale Score

GCSS = 3

(ET)

Units of Blood
Given

Units =

Arterial Blood
Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =

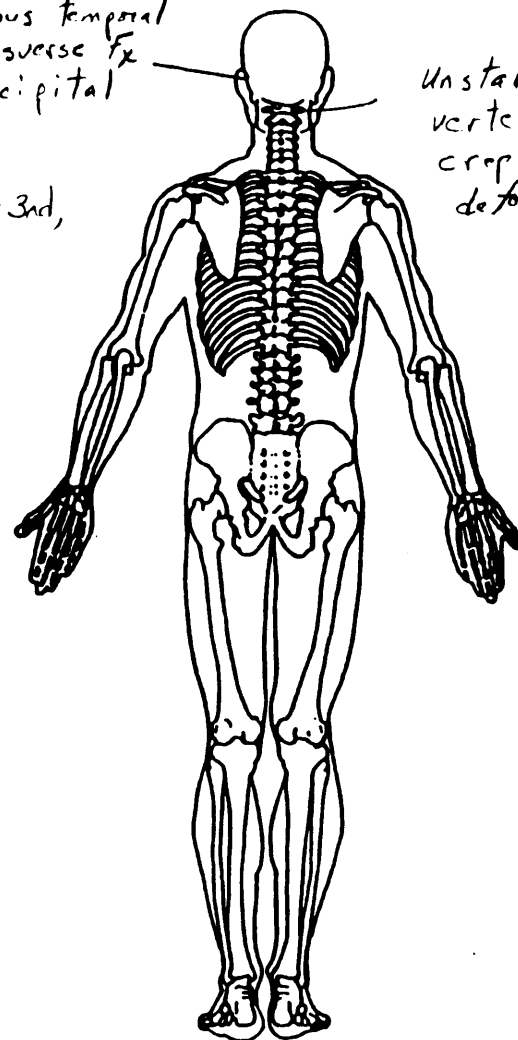
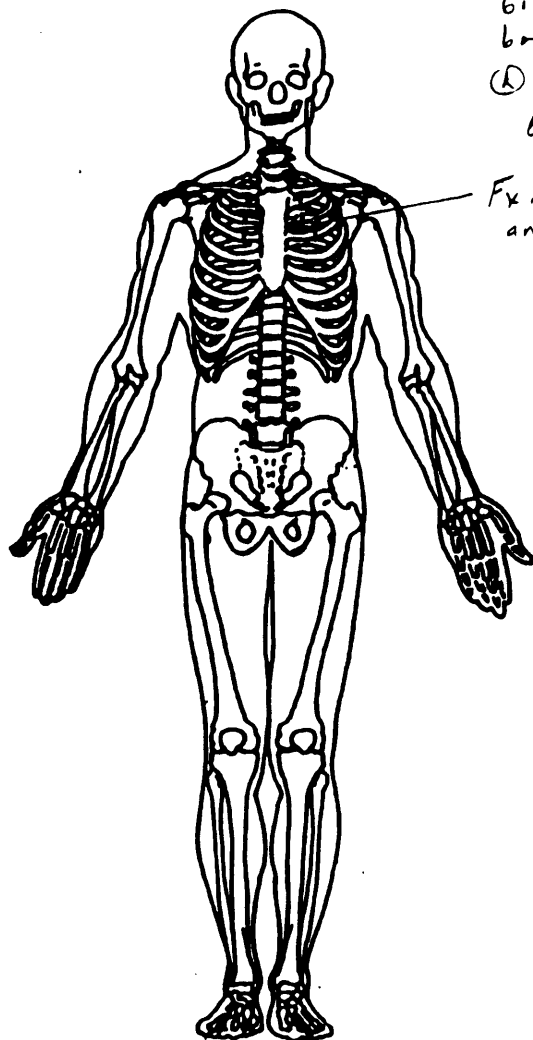
Air Bag inflated (CV, ET)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Massive skull fractures
with wide separation of
bilateral petrous temporal
bones and transverse fx
① parietal + occipital
bones

Fx: ② ribs 2nd-3rd,
anteriorly

Unstable cervical
vertebrae with
crepitus +
deformity (ET)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

• Pt in traumatic arrest on arrival (ET)

• Died/Dead at scene (ET)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Laceration of heart involving base of tricuspid valve

Intracranial hemorrhage resulting from transection of internal carotid arteries and sinuses

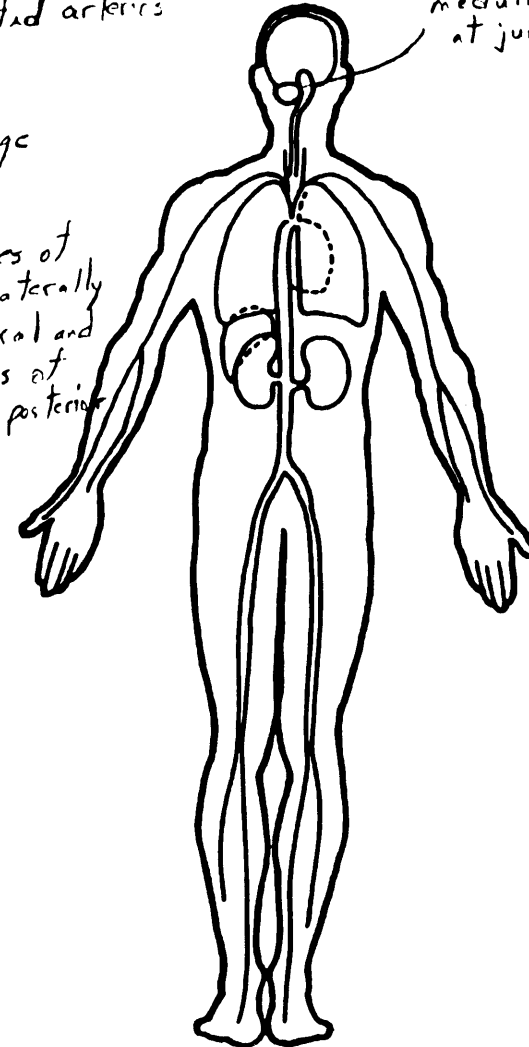
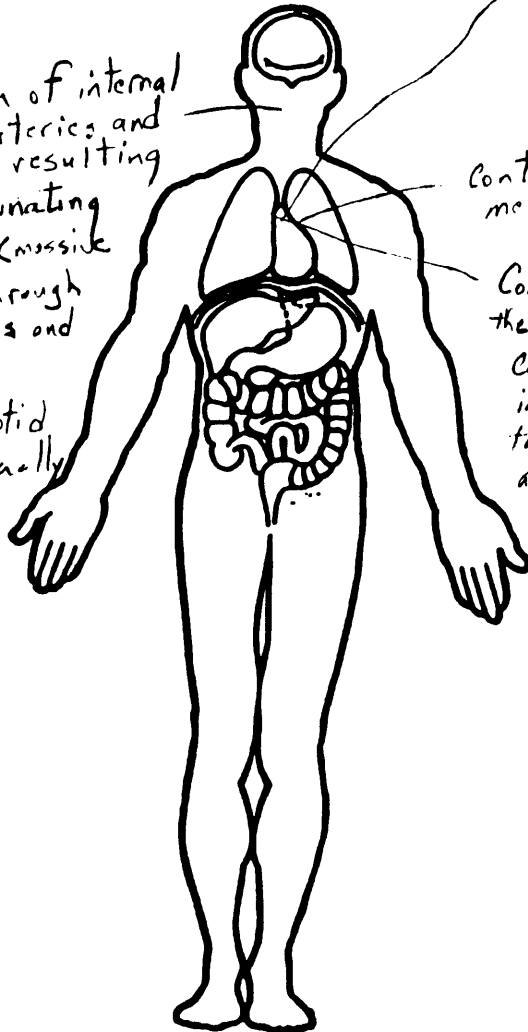
• Transection of medulla oblongata at junction of pons

• Transection of internal carotid arteries and sinuses resulting in exsanguinating hemorrhage (massive bleeding) through external ears and mouth.

Ruptured carotid arteries bilaterally (CV)

Contusion and hemorrhage mediastinum

Contusions + hemorrhages of the hilum of lungs, bilaterally
Contusions, subpleural and intraparenchymatous of the lungs bilaterally, posterior and anteriorly



CAUSE OF DEATH

Died as a result of impact under the jaw causing the deceased's skull to fracture causing exsanguination due to the rupture of the carotid arteries on both sides of her neck.

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input checked="" type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

INDIANA

POST-MORTEM EXAMINATION

AUTOPSY NO.

DATE OF AUTOPSY: 1995

TO: M.D.,
COUNTY CORONER

NAME: F/38

GROSS ANATOMICAL DIAGNOSES:

1. Status post automobile accident, historical.
2. Contact abrasion of the left submandibular area from deployment of "air bag".
3. Skull fractures, massive, with wide separation of the bilateral petrous temporal bones and transverse fracture of the left parietal and occipital bones.
4. Transsection of the medulla oblongata at junction of pons.
5. Intracranial hemorrhage, from transsection of the internal carotid arteries and carotid sinuses.
6. Exsanguinating hemorrhage (blood loss at site of accident from massive bleeding through external ears and mouth).
7. Multifocal subcutaneous hemorrhage, bilateral breasts and manubrium sterni.
8. Fractures of the ribs, left, second and third, anterior.
9. Contusions and hemorrhages of the mediastium and superficial cervical muscles.
10. Contusions and hemorrhages of the hilum of the lungs, bilateral.
11. Subpleural and intraparenchymatous contusions of the lungs, bilateral, posterior aspect and anterior aspect.
12. Laceration of the anterior tricuspid valve base.
13. Contusions and hemorrhage of the scalp, bitemporal areas.
14. Coronary arteriosclerosis, minimal.
15. Aortic arteriosclerosis, minimal.
16. Skin scars, bilateral, inframammary (mammary implants).
17. Ruptured right mammary implant, traumatic.
18. Skin scar, right shoulder area.
19. Absence of the uterus and cervix, operative, remote.
20. Absence of the left ovary and fallopian tube, operative, remote.
21. Post mortem blood, urine, and bile toxicology - pending.

, M.D.

/95

██████████ COUNTY CORONER
 CORONER'S REPORT
 (VERDICT)

DECEDENT Full name and address ██████████ ██████████ ██████████ IN ██████████	DATE AND TIME OF DEATH ██████████ 1995 5:25PM
	PLACE OF DEATH ██████████ BLVD. ██████████ IN ██████████
DESCRIPTION 38 Year 0 Month 0 Day ORIENTAL Female ██████████	CASE NO. ██████████

THE DECEASED WAS THE DRIVER OF A VEHICLE INVOLVED IN A MOTOR VEHICLE ACCIDENT IN ██████████ COUNTY, IN., ON THE ██████████ DAY OF ██████████ 1995. ON ██████████ BLVD WEST NEAR ██████████ ST.

THE CORONERS OFFICE WAS CALLED AND THE CORONER ORDERED A POST MORTEM EXAMINATION BECAUSE THE DECEASED'S INJURIES WERE NOT CONSISTANT WITH THE DAMAGE TO THE ATOU SHE WAS DRIVING.

THE POST MORTEM EXAMINATION REVEALED THE DECEASED DIED AS A RESULT OF IMPACT UNDER THE JAW CAUSING THE DECEASED'S SKULL TO FRACTURE CAUSING EXSANGUINATION DUE TO THE RUPTURE OF THE CAROTID ARTERIES ON BOTH SIDES OF HER NECK.

THE DECEASED WAS REPORTED TO HAVE NOT BEEN WEARING HER SEAT BELT OR SHOULDER BELT AND THE AIR BAG IN THE STEERING WHEEL INFLATED UPON IMPACT. IN INVESTIGATING THE INJURY IT WAS DETERMINED FROM THE BLOOD ON THE AIR BAG ENCASEMENT IN THE STEERING WHEEL THAT THE TOP OF THE ENCASEMENT STRUCK THE DECEASED UNDER THE CHIN AS THE AIR BAG WAS DEPLOYING.

BLOOD TESTS REVEALED NO ALCOHOL INVOLVED IN THIS ACCIDENT.

CAUSE OF DEATH: MASSIVE SKULL FRACTURE		
MANNER OF DEATH Motor Vehicle Accident	AUTOPSY REQUESTED Y	BLOOD/ALCOHOL ANALYSIS NONE DET.

I, Dr. ██████████, Coroner of ██████████ County, Indiana do hereby certify that I have caused an examination to be made of the body, made an inquiry into the circumstances of the death and render these Findings. this ██████████ day of ██████████ 1995.

██████████
 CORONER

125-I

'95 08:41

CB/53 P.2/2

REPORT OF AMBULANCE RUN
State Form 0002 (R4 / 9-93)

Run number	Provider	0-
Type of run	Page ____ of ____	
<input type="checkbox"/> BLS <input type="checkbox"/> Adv EMT <input type="checkbox"/> Paramedic <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Convalescent		

INSTRUCTIONS 1. Print legibly with ballpoint pen -- you are making 4 copies.
2. Enter all requested times using 24-hour clock (example: order 2:15 p.m. as 1415)
3. Complete all information requested.

Date of run (month / day / year)		Vehicle no.	Dispatch Location	Destination location / or unit
Law enforcement				
PATIENT INFORMATION				
Name (last, first, middle)			Date of birth (month / day / year)	Age
Home address (number, street, apartment / R/R #, city or town, state, ZIP code)			Social Security number	Home telephone
UNK			UNK	UNK
Race / ethnicity			Gender (sex)	Physician's name
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Other			<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	UNK
BILLING INFORMATION				
Name of guarantor		Relationship to patient	Medicare number	
Home address (street, apartment / R/R #, city or town, state, ZIP code)		Employer	Medicaid number	
Payment expected		Home telephone	State	
<input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Women's Comp. <input type="checkbox"/> V.A.		Other insurance information		
<input type="checkbox"/> Self - no insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (specify)		UNK		
TYPE OF RUN		MILEAGE OF RUN	TIMES OF RUN	PLACE OF INCIDENT
TO THE SCENE	NO TRANSPORT	DISPATCH	CALL RECEIVED	AT DESTINATION
<input checked="" type="checkbox"/> Lights & siren	<input type="checkbox"/> Canceled run	AT SCENE	1726	1735
<input type="checkbox"/> No lights & siren	<input type="checkbox"/> Refusal	DESTINATION	UNIT DISPATCHED	AT PATIENT
FROM THE SCENE	<input type="checkbox"/> No patient	DESTINATION	1729	1735
<input type="checkbox"/> Lights & siren	<input type="checkbox"/> Private car	TOTAL MILEAGE	UNIT EN ROUTE	UNIT AVAILABLE
<input type="checkbox"/> No lights and siren	<input type="checkbox"/> Amb. _____		1729	1818
<input type="checkbox"/> Intra-facility	SCENE DEATH	CONDITION DURING TRANSPORT		
<input type="checkbox"/> Scheduled	<input checked="" type="checkbox"/> No-Transport	<input type="checkbox"/> Improved <input type="checkbox"/> No Change <input type="checkbox"/> Deteriorated		
<input type="checkbox"/> Stand-by	<input type="checkbox"/> Transport	Check only if this applies		
ON SCENE	PT. LOCATION	<input type="checkbox"/> Transport difficulties explained in narrative		
<input type="checkbox"/> Driver <input type="checkbox"/> Front	<input type="checkbox"/> Pass <input type="checkbox"/> Rear	MEDICAL CONTROL CONTACT		
SAFETY EQUIPMENT		MODE OF INJURY		WORK RELATED
<input type="checkbox"/> Lap belt	<input type="checkbox"/> Secured child seat	<input type="checkbox"/> ATV / Recr.	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Air bag	<input type="checkbox"/> Unsecured child seat	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Explosion	<input type="checkbox"/> Thermal / Flame
<input type="checkbox"/> Shoulder	<input type="checkbox"/> None	<input type="checkbox"/> Blunt / Assault	<input type="checkbox"/> Fall	<input type="checkbox"/> Unknown
<input type="checkbox"/> Lap & shoulder	<input type="checkbox"/> Unknown	<input type="checkbox"/> Drowning	<input type="checkbox"/> Gunshot	<input type="checkbox"/> None
<input type="checkbox"/> Helmet	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Electrical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other
<input type="checkbox"/> Drugs		<input type="checkbox"/> Machinery	<input type="checkbox"/> Poison	
		<input type="checkbox"/> Stab / Cut		
CARE PROVIDED PRIOR TO AMBULANCE ARRIVAL				
At Scene	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Medical facility	<input type="checkbox"/> Pcs. sq.	<input type="checkbox"/> Other Amb.
<input checked="" type="checkbox"/> Fire Dept.	<input type="checkbox"/> Bystander	<input type="checkbox"/> Family	<input type="checkbox"/> None	
Incident Time	Witnessed Cardiac Arrest?	Care provided by: (name)	Care provided?	CPR
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Immobilization	<input type="checkbox"/> Deterio
Time ALS on scene		First Responder Unit		
TIME	B P	PULSE	RESPIRATION	IMPRESSION
1735	0	Rate 0	Clear	<input type="checkbox"/> 1st abdominal pain
	0	<input type="checkbox"/> Regular <input type="checkbox"/> Weak	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Fever
		<input type="checkbox"/> Irregular <input type="checkbox"/> Bounding	<input type="checkbox"/> Equal	<input type="checkbox"/> Headache
			<input type="checkbox"/> R>L	<input type="checkbox"/> Hemorrhage
			<input type="checkbox"/> L>R	<input type="checkbox"/> Pregnancy / Comp
			<input type="checkbox"/> Normal	<input type="checkbox"/> Respiratory arrest
			<input type="checkbox"/> Labored	<input type="checkbox"/> Seizure
			<input type="checkbox"/> Assisted	<input type="checkbox"/> Stroke
			<input type="checkbox"/> Clear	<input type="checkbox"/> Diabetic state
			<input type="checkbox"/> Wheezes	
			<input type="checkbox"/> R>L	
			<input type="checkbox"/> L>R	
			<input type="checkbox"/> Normal	
			<input type="checkbox"/> Labored	
			<input type="checkbox"/> Assisted	
INFECTION CONTROL				
<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> Gowns	PUPIL RESPONSE	
<input type="checkbox"/> Masks	<input type="checkbox"/> Vehicle straps		<input type="checkbox"/> PERL	<input type="checkbox"/> Constricted
Exposure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical direction protocols	<input checked="" type="checkbox"/> Dilated	<input type="checkbox"/> Unequal
<input type="checkbox"/> On line <input type="checkbox"/> Off line	<input checked="" type="checkbox"/> N / A		<input type="checkbox"/> Deviated	<input type="checkbox"/> R Lg
SENSATION / MOVEMENT			SKIN	
<input type="checkbox"/> Normal	<input type="checkbox"/> Right only	<input type="checkbox"/> Warm	<input type="checkbox"/> Dry	<input type="checkbox"/> Moist
<input type="checkbox"/> To touch	<input type="checkbox"/> Left only	<input type="checkbox"/> Cold	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale
<input type="checkbox"/> To heat		<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Hot	<input type="checkbox"/> Profuse Sweating
<input type="checkbox"/> Other		Cap refill	<input checked="" type="checkbox"/> sec	

DISTRIBUTION: White (top) - Provider White (2nd) - EMS Commission Canary - Insurance Pink - Hospital

Page 2 of 2

Name of patient

JANE DOE

Date

Run number

Time of onset

Dispatch ☐ A M ☐ P M

TRAUMA ASSESSMENT

How was patient found, what was mechanism of injury?

LYING ON BACK - REGS DRAWN A ON FRONT SEAT

Chief complaint:

D.A.S

Mark each matrix square which applies to injury to specific areas listed below:

	Pain	Open soft	Deformity	Closed soft	Penetrating	Burn	Amputation
Head							
Face / eye							
Neck							
Chest							
Back							
Abdomen							
Upper arm/shoulder							
Lower arm/elbow							
Hand / wrist							
Upper leg / hip							
Lower leg / knee							
Foot / ankle							

- Medical history
- ☐ Alcoholism
- ☐ Asthma
- ☐ Behavioral disorder
- ☐ Cancer
- ☐ COPD
- ☐ CVA
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Seizures
- ☐ UAC
- ☐ None

Prescribed medications (see narrative):

☐ NoneUAC

Allergies

☐ NoneUAC

NONVISUALIZED AIRWAY

Time	Technician number	Attempts	Successful

Type	Technician number	Attempts	Successful

Time	Technician number	Attempts	Successful

Joules	Technician number	Attempts	Successful

DEFIBRILLATION

- ☐ Manual
- ☐ Automatic
- ☐ Semi Automatic

- AIRWAY
- ☐ Auto Vent
- ☐ BVM
- ☐ Endotracheal
- ☐ Manual
- ☐ Mask
- ☐ Pocket mask
- ☐ Nasal Cannula
- ☐ Oral / Nasal
- ☐ Oxygen
- ☐ Suction
- ☐ Oximetry
- ☐ Bleeding control
- ☐ Blood specimen
- ☐ Burn Pack
- ☐ Chest Decompr
- ☒ CPR (D-6)
- ☐ Cricothyrotomy
- ☐ Drug admin.
- ☐ Extinction
- ☐ ECG
- ☐ Monitor
- ☐ Defib
- ☐ Cardioversion
- ☐ Pacing
- ☐ % 12-Lead
- ☐ Glucose mg/dl
- ☐ IV initiated
- ☐ Intraosseous
- ☐ MAST
- ☐ NG tube
- ☐ OB delivery
- ☐ SPLINT
- ☐ Air splint
- ☐ Backboard
- ☐ Scoop
- ☐ Cervical collar
- ☐ Head immobilized
- ☐ Short back device
- ☐ Other
- ☐ Rigid splint
- ☐ Traction splint
- ☐ Vacuum splint

GLASGOW COMA SCALE

Eyes Open	Spontaneous	4	4	4	4
	To verbal command	3	3	3	3
	To pain	2	2	2	2
	No response	1	1	1	1
Verbal Response	Oriented	5	5	5	5
	Confused	4	4	4	4
	Inappropriate words	3	3	3	3
	Incomprehensible sounds	2	2	2	2
Motor Response	No response	1	1	1	1
	Obeys commands	6	6	6	6
	Localized pain	5	5	5	5
	Withdraws	4	4	4	4
Total Score	Abnormal flexion	3	3	3	3
	Abnormal extension	2	2	2	2
	No response	1	1	1	1
Total Score		3			
Time					

NARRATIVE

Narrative should include a complete chronological flow of events, including times, patient condition, each procedure rendered and how each affected the patient's condition, and, if patient is monitored, describe ECG and staple ECG strip to original report.

~ Late 30's ~ Driver of 93-95 Mercury Grand Marquis that totaled Van. Moderate Damage to front of car - Airbags Deployed. Large Star Formation to Windshield. Passenger & Driver both unrestrained. Unsure if ^{seem} which or poss. if both struck windshield. On arrival, pt in traumatic arrest. CPR started by P-6 x 1 min PTA. PE) Unresponsive, pulseless, Apneic, Pupils Dilated, PT - Copious Amounts of Blood to head Area - Drainage from @ Ear @ Side of Head Soft. unable to find open wound to head. Appeared to have drained from @ Ear. Significant Blood loss. Palpated Cervical Vertebrae, Unstable & Crepitus & Deformity. Considered pt to have had neck injuries incompatible w/ life. Pt ~~at scene~~ at scene @ 17:36

Driver

1st Crew member

2nd Crew member

136-I

Appendix K:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

65 inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

145 pounds X .4536 = 65⁷⁷ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown _____

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 0 0 0

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

(_95) Damaged, details unknown

(_96) Deployed, unknown if damaged

(_97) Not deployed

(_98) Unknown if deployed

(_99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

50. Seat Type (this Occupant Position) 06

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 5

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

PER inspection

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2 3

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

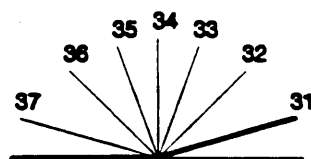
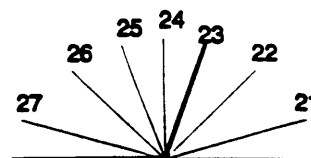
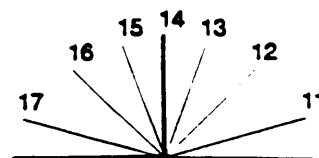
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat - with shield
(5) Booster seat - without shield
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation
(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 01

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

Interviewee claims > 60 days,
Medical records indicate "unemployed"

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

Appendix L:

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9506

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
Concussion with LOC, Amnesia	1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>04</u>	9. <u>10</u>	10. <u>2</u>	11. <u>0</u>	12. <u>201</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Scalp Contusion	2nd	16. <u>2</u>	17. <u>1</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>201</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Abrasion of face	3rd	27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>7</u>	34. <u>001</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
Acceleration of arm + hand	4th	38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>697</u>	46. <u>9</u>	47. <u>7</u>	48. <u>00</u>
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA			
INJURY SOURCE		DIRECT/INDIRECT INJURY	
CONFIDENCE LEVEL			
<u>OFFICIAL RECORDS</u>			
(1) Autopsy records with or without hospital/medical records		(1) Direct contact injury	
(2) Hospital/medical records other than emergency room (e.g., discharge summary)		(2) Indirect contact injury	
(3) Emergency room records only (including associated X-rays or other lab reports)		(3) Noncontact injury	
(4) Private physician, walk-in or emergency clinic		(7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Large star formation to windshield (ET)

• Abrasion upper forehead (HP)

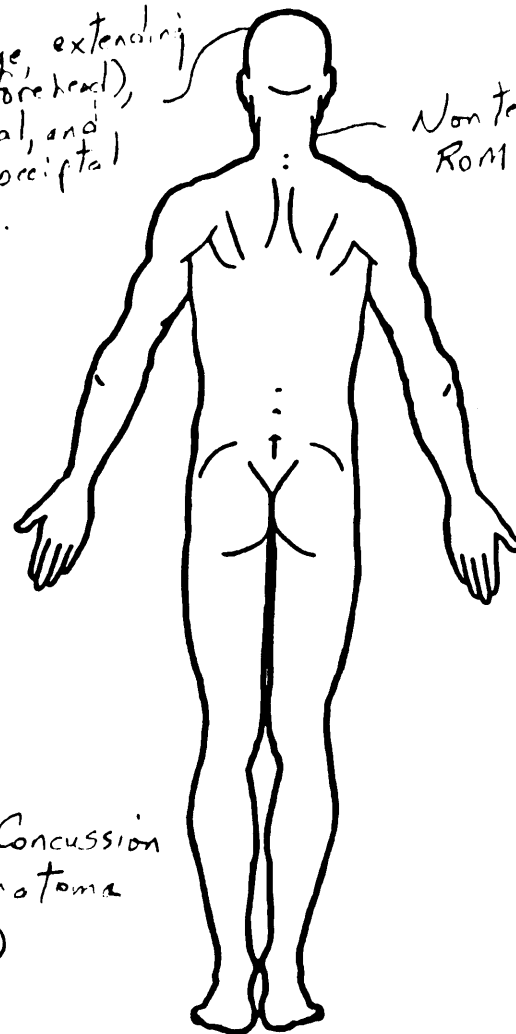
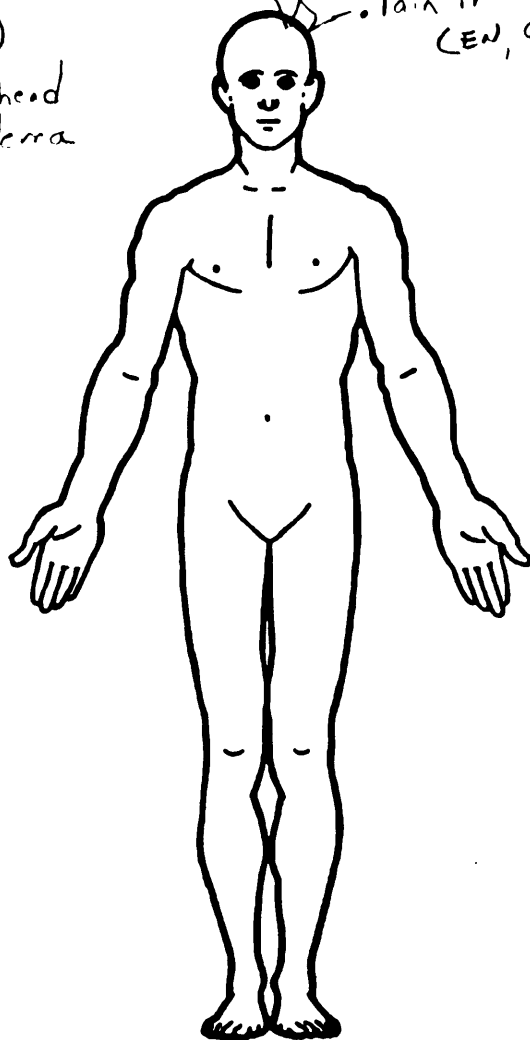
• Abrasion head with edema (ET)

• Swelling upper forehead + ② parietal (HP)

• Pain in head, headache (CN, CN)

• Hematoma, large, extending from ② frontal (forehead), across ② parietal, and back to ② high occipital region of scalp. (CN)

Non tender, full ROM 5 pain (CN, HP)



Dx: Cerebral Concussion
Scalp hematoma
(CN, CN)

Admitted to monitored bed for overnight observation (CN)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15

(CN, HP)

Units of Blood
Given

Units = ____

Arterial Blood
Gases

pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

Unrestrained passenger (CN, ET)

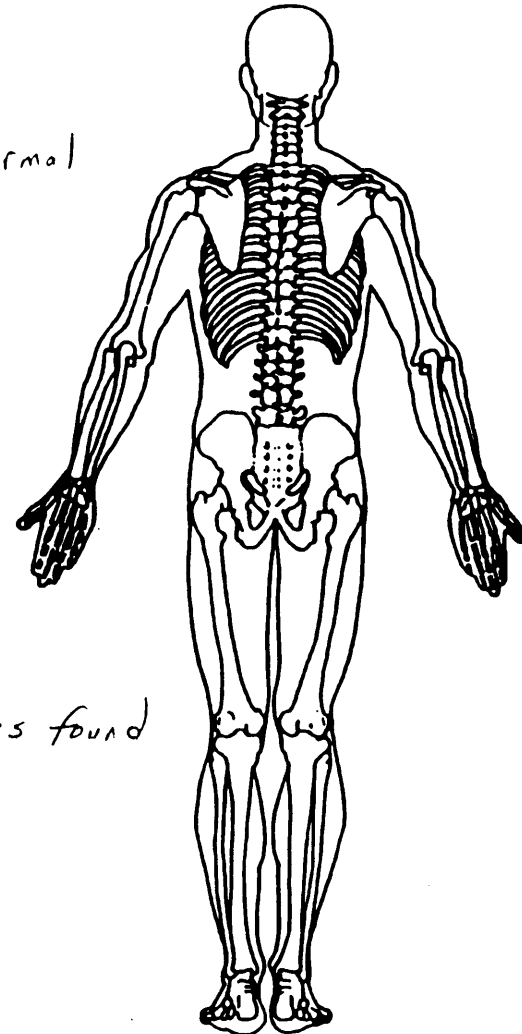
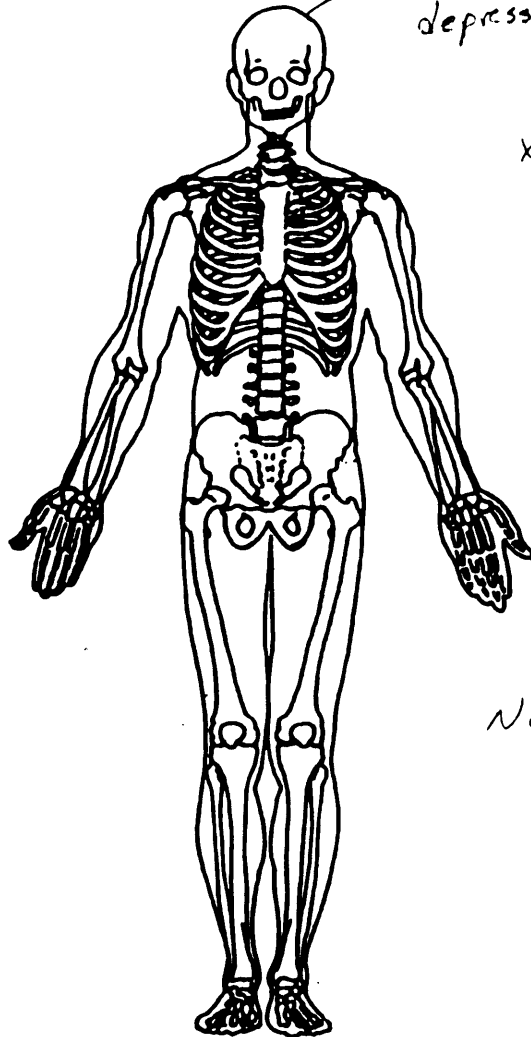
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

No palpable bony
depressions (CN)

Skull: soft tissue swelling,
no intracranial trauma
(CN, EX)

X-rays: Normal
cervical
chest
pelvis
(CN, EX)

No deformities found
(ET)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g. outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

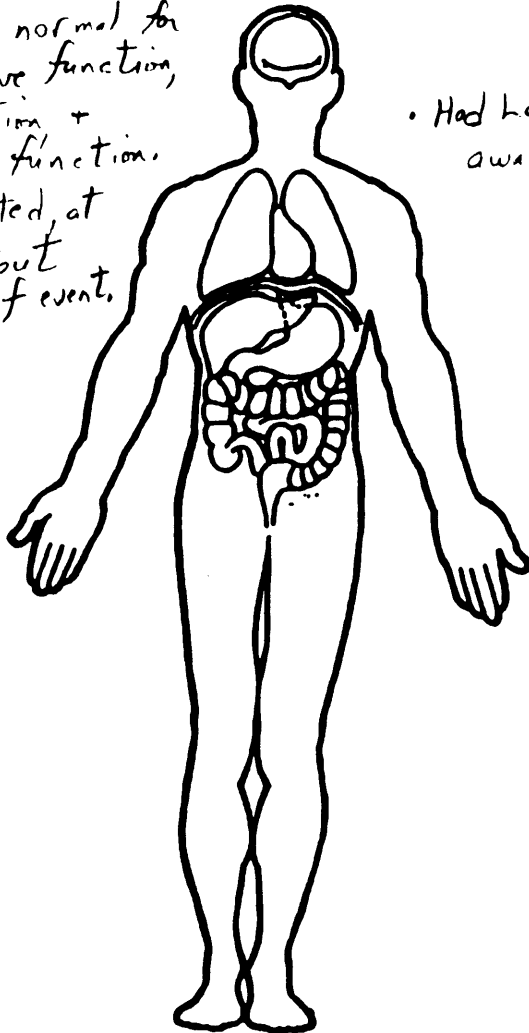
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

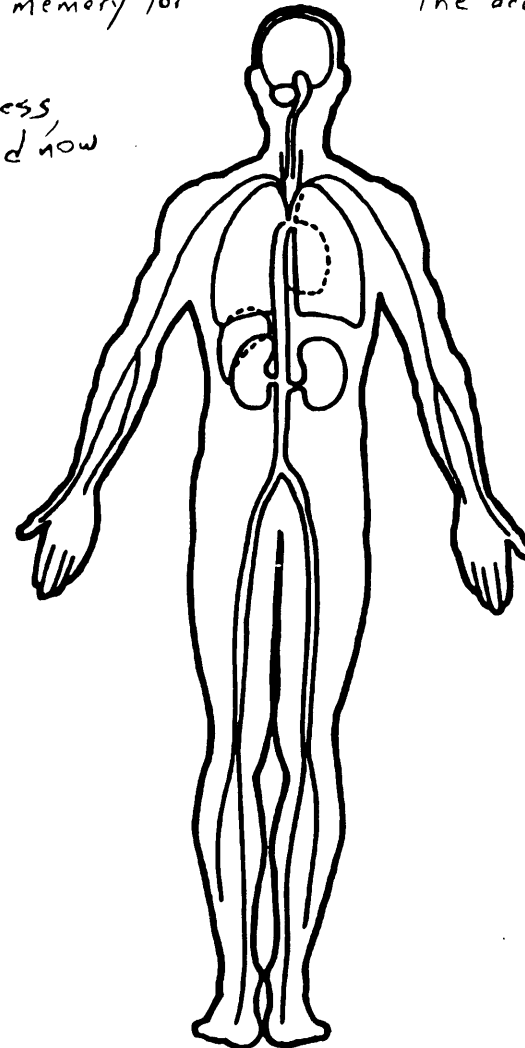
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Neurologic examination is entirely normal for cranial nerve function, motor function + cerebellar function. Pt is oriented at this time, but amnesic of event. (CW)



• Had loss of consciousness, awake, alert, oriented now (HP)

• Some loss of consciousness involved with this patient. She does not have a good memory for the accident (CW)



CAUSE OF DEATH

Not applicable

ICD-9-CM

850.1
920
244.9
(FS)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

CONFIDENTIAL INFORMATION

ECC ROOM

REDISCLOSURE STRICTLY

PROHIBITED PLEASE DESTROY

COPIES AFTER 12/31/2015

NAME		BIRTH DATE		AGE	SEX	SMOKE	MS
[REDACTED]		[REDACTED]		000	U		U
SOC SEC NO		CLERK		DATE		TIME	
[REDACTED]		[REDACTED]		11/05/06		15	
FAMILY PHYS		CONSULTING PHYS		BROUGHT IN BY			
UNKNOWN, X				TFC		ALS	
EF COMPLAINT / PROBLEMS / NEEDS		TRIAGE TIME		ALLERGIES		CURRENT MEDICATION AND DOSES	
MVA - Pain in head				NKDA		Thyroid pill	
AGED TO		EXAM		FAST TRACK		TRAUMA	
AGE NURSE		RN		RN			
TREATMENT ROOM		STAT		(Time)			
DICAL HISTORY		SEIZURE DISORDER		SUBSTANCE ABUSE			
PULMONARY DISEASE		RENAL DISEASE		MIGRAINE HEADACHE			
CARDIOVASCULAR DISEASE		IDDM		NIDDM		OTHER	
HYPERTENSION		PSYCHIATRIC DISORDER		Thyroid			
SVA		SMOKING					
AGERIES							
AE ORDERED		TIME DRAWN		ABG		BA	
ORDERS		CHEM 10		TRAUMA PROFILE			
CBC		ASTRA		OLD RECORDS ECC/HOSP			
UA-CCMS		UA-CATH		OTHER			
PREG TEST		CCU PROFILE					
TIME ORDERED		X-RAY ORDERS		SEE REQUEST FORM		OTHER	
		CXR-PORT					
		CXR-PALAT					
		PORT LAT. C-SPINE					
VITAL SIGNS		TIME		BP		99/10	
8/14				77			
20				98%		100%	
TETANUS		LUMP		WT (ACTUAL)		WT	
(STATED)							
PHYSICIAN ORDERS		PHYSICIAN VISIT/TIME		PHYSICIAN		TIME	
Adult DT - 1913							
DISCHARGE PATIENT							
STAMP NOTES		TAKE HOME MEDICATIONS		WRITTEN RX ONLY		DIAGNOSIS	
[REDACTED]						1. MVA	
						2. Cerebral Concussion	
						3. Skull Hematoma	
						4.	
						5.	
PHYSICIAN'S DISCHARGE STATEMENT		RECOVERED		IMPROVED		UNIMPROVED	
NOT TREATED		DIAGNOSIS ONLY		EXPIRED			
SIG OF EMERGENCY ATTENDING PHYSICIAN		DICT		CODE		PROC #	
[REDACTED]							

MEDICAL RECORDS

PATIENT INFORMATION

CONFIDENTIAL INFORMATION
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 COPIES AFTER USE.

BIRTHDATE

AGE

SEX

SS

F

EMPLOYER ADDRESS

 EMPLOYER
 UNEMPLOYED

EMPLOYER CITY

STATE

ZIP

EMPLOYER TELEPHONE

FC

ES

RELIGION

UNK

CHURCH

UNKNOWN

REGISTRATION INFORMATION

DATE	REG TIME	CHIEF COMPLAINT	PRIMARY CARE MD	PT TYPE			
4/95	06:15 P	MULTIPLE TRAUMA	UNKNOWN, X	E			
AG CODE	ADM SOURCE	ADM TYPE	SERVICE	NS	ROOM	BED	CLERK
159.9	7	L	EMT				CHB
IM MD	ADM MD NAME	ATT MD	ATT MD NAME				

GUARANTOR INFORMATION

NAME	RELATION	SOC SEC NO	TELEPHONE
	PAT		
ADDRESS	CITY		
DATE	ZIP	EMPLOYER	
		UNEMPLOYED	
EMPLOYER ADDRESS	EMPLOYER CITY		

NEAREST RELATIVE INFORMATION

NAME	RELATION	SOC SEC NO	TELEPHONE
ADDRESS	CITY		
DATE	ZIP	EMPLOYER	
EMPLOYER ADDRESS	EMPLOYER CITY		

PRIMARY INSURANCE

COMPANY NAME	GROUP NAME	GROUP NUMBER
POLICY NUMBER	INSURED	RELATION
AIM NUMBER	SOC SEC NO	

SECONDARY INSURANCE

COMPANY NAME	GROUP NAME	GROUP NUMBER
POLICY NUMBER	INSURED	RELATION
AIM NUMBER	SOC SEC NO	

COMMENTS

M.R. USE ONLY

DATED - CHIT TAGGED FOR DATE

850.1 87

920

2449

REGION RECORDS

13P-L

EMERGENCY CARE CENTER NOTE

PRESENT ILLNESS: The patient is an approximately 50-year-old female of [REDACTED] origin. She was the unrestrained passenger in a vehicle involved in a head-on collision this afternoon. Apparently, the driver of the vehicle in which she was riding with was killed and pronounced dead at the scene. There was reportedly some loss of consciousness involved with this patient. She does not have a good memory for the accident.

Her only complaint upon arrival is a headache.

PHYSICAL EXAMINATION

VITAL SIGNS:

Blood pressure is 136/67. Temperature is 99.1. Pulse is 77. Respiratory rate is 20. Room air oxygen saturation is 98%.

HEENT:

Reveals a large, left forehead hematoma which extends across the entire left frontal, left parietal, and back to the high occipital region on the left side. This is quite tender to palpation. There is no palpable bony depressions. The tympanic membranes are clear bilaterally.

NECK:

The neck is examined after cervical spine films are cleared and is found to be nontender. The patient has a full range of motion without pain.

MUSCULOSKELETAL:

Palpation of the clavicles and shoulders reveals no signs of trauma. The anterior and posterior chest and back are nontender without visible or palpable signs of trauma.

LUNGS:

The breath sounds are clear and equal bilaterally.

HEART:

The heart tones are regular without murmurs, gallops, or rubs.

ABDOMEN:

The abdomen is soft. There are good bowel sounds. There is no palpable mass or organomegaly.

CONTINUED

EMERGENCY [REDACTED] NOTE

CONSULTANT

PELVIS:

The pelvis is stable and nontender to rocking or percussion.

EXTREMITIES:

The patient has a full range of motion of the hips, knees, and ankles without signs of pain or deformity. There are no visible or palpable signs of trauma to the upper or lower extremities. The patient has a full range of motion of the shoulders, elbows, and wrists without signs of pain or deformity.

NEUROLOGICAL:

The neurological examination is entirely normal for cranial nerve function, motor function, and cerebellar function. The patient, at this time, is oriented but amnesic of the accident itself.

LABORATORY STUDIES:

Portable films of the cervical spine, chest, and pelvis are normal. The patient proceeded to the Radiology Department for a CT scan of the head which shows only soft tissue swelling of the head and no signs of any intracranial trauma.

On return from the Radiology Department, the patient was rechecked and she was doing well. She remained alert and complained only of a headache. She, again, was offered pain medication but declined it.

DISCUSSION:

This case was discussed with Dr. [REDACTED]. We did ask him to admit the patient. We have admitted her to a monitored bed for overnight observation.

ELECTROCARDIOGRAM:

The 12-lead electrocardiogram is normal.

DIAGNOSES:

1. MOTOR VEHICLE ACCIDENT
2. CEREBRAL CONCUSSION
3. SCALP HEMATOMA

[REDACTED] 95 ()
[REDACTED] 95 (1:28)

M.D.

HISTORY

DATE OF ADMISSION: [REDACTED] 1995.

PRESENT ILLNESS: The patient was a 55-year-old lady who was a front seat passenger in a car which was struck on the passenger side by a mini van. The driver, by report, was killed at the scene.

The patient had loss of consciousness.

She has been hemodynamically stable and presents for further evaluation. She has now re-gained her consciousness and is awake, alert and oriented.

PAST MEDICAL HISTORY: Her past medical history is significant for hypertension for which she is not treated, as well as hyperthyroidism for which she takes Synthroid.

MEDICATIONS: Synthroid.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Appendectomy, bilateral breast implants and breast implant removal. She is healthy otherwise.

PHYSICAL EXAMINATION

GENERAL APPEARANCE: She is awake, alert and oriented with stable vital signs and no acute distress.

HEENT: She has some swelling and abrasion in her upper forehead region and some swelling in the left parietal region.

Her pupils are equal, round and reactive. Her vision is intact. She has no facial tenderness.

NECK: There is no cervical spine tenderness.

CHEST: The chest is clear.

HEART: Regular rate and rhythm.

ABDOMEN: The abdomen is soft and nontender.

PELVIS: The pelvis is stable.

EXTREMITIES: She moves all extremities. There is no deformity.

CONTINUED

HISTORY & PHYSICAL

The continuation of this patient's HISTORY AND PHYSICAL EXAMINATION was inadvertently omitted by the medical facility's record storage contractor.

Name of Patient:

File Number:

Room Number:

Referring M.D.: , M.D. , M.D.

Röntgenological Findings:

CT SCAN OF THE HEAD: MULTIPLE SCANS WERE OBTAINED THROUGH THE HEAD WITHOUT IV CONTRAST MATERIAL. WE HAVE THE HISTORY OF HEAD TRAUMA. THE VENTRICLES ARE NORMAL IN SIZE. NO HEMORRHAGE, MASS OR SHIFT IS SEEN. THERE IS SOFT TISSUE SWELLING OVER THE LEFT FRONTOPIRIETAL REGION. NO FRACTURE IS SEEN ON THE BONE WINDOW FILMS, HOWEVER.

IMPRESSION:

NO INTRACRANIAL ABNORMALITIES NOTED.

Radiologist

Date of Exam.:

Part(s) X-rayed:

[REDACTED] M.D.

[REDACTED] 7/95

HEAD CT SCAN W/O CONTRAST

X-RAY REPORT

Name of Patient:

File Number:

Room Number:

Referring M.D.: , M.D. , M.D.

Röntgenological Findings:

PORTABLE LATERAL CERVICAL SPINE:

THE PORTABLE LATERAL VIEW OF THE CERVICAL SPINE DEMONSTRATES NORMAL ALIGNMENT AND DISC SPACING WITH NO EVIDENCE OF FRACTURE OR OTHER ABNORMALITIES.

IMPRESSION:

NORMAL PORTABLE LATERAL VIEW OF THE CERVICAL SPINE.

AP CHEST: AP VIEW OF THE CHEST REVEALS A NORMAL APPEARANCE OF THE HEART AND MEDIASTINUM. THE LUNGS APPEAR WELL EXPANDED. THERE ARE NO INFILTRATES.

IMPRESSION:

NEGATIVE AP CHEST.

AP PELVIS: NO FRACTURE OR DISLOCATION IS SEEN.

IMPRESSION:

NEGATIVE AP PELVIS.

Radiologist

Date of Exam.: 1/4/95

Part(s) X-rayed: LAT C. SP. OR SOFT TISSUE
PELVIS AP ONLY

M.D.

X-RAY REPORT

CHEST SINGLE VIEW AP

State Form 45522 (R3 / 7-93)

Name of patient

Date _____

Run number

NONVISUALIZED AIRWAY

ENTORRHOEAL WASHING				ENTORRHOEAL WASHING			
Time	Technician number	Attempts	Successful	Time	Technician number	Attempts	Successful
Size <input type="checkbox"/> Oral MM <input type="checkbox"/> Nasal	Technician number	Attempts	Successful	Type	Technician number	Attempts	Successful

ECG

Defibrillation:	<input type="checkbox"/> Automatic	TIME					
<input type="checkbox"/> Manual	<input type="checkbox"/> Semi-automatic	JOULES					

TIME							
------	--	--	--	--	--	--	--

INTERPRETATION							
----------------	--	--	--	--	--	--	--

CARDIAC PACING	Rate min	Electrical capture mA	Mechanical capture mA	Time of mechanical capture	Interpretation:
----------------	-------------	--------------------------	--------------------------	----------------------------	-----------------

12 LEAD ECG	ST Elevation	ST Depression
	mm leads	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTRAVENOUS

Intravenous line number 1		Time _____		Intravenous line number 2		Time _____		Blood drawn (time)	
<input type="checkbox"/> D5W	<input checked="" type="checkbox"/> NS	<input type="checkbox"/> LR	<input type="checkbox"/> _____	<input type="checkbox"/> D5W	<input type="checkbox"/> NS	<input type="checkbox"/> LR	<input type="checkbox"/> _____		
_____ Rate		_____ Gauge		_____ Rate		_____ Gauge			
<input type="checkbox"/> Hand				<input type="checkbox"/> Hand					
<input type="checkbox"/> Forearm	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> Upper arm	<input type="checkbox"/> _____	<input type="checkbox"/> Forearm	<input type="checkbox"/> AC	<input type="checkbox"/> Upper arm	<input type="checkbox"/> _____	<input type="checkbox"/> Red	<input type="checkbox"/> Purple
								<input type="checkbox"/> Green	

Technician number	Attempts	Successful	Total Volume	Technician number	Attempts	Successful	Total Volume	<input type="checkbox"/> Blue <input type="checkbox"/> Other Blood glucose strip mg/dl
Technician number	Attempts	Successful		Technician number	Attempts	Successful		

[illegible]

Signature of physician

Crew member

Driver,

Crew member

DISTRIBUTION White (1st ply) - Provider. White (2nd ply) - Commission: Canary - Insurance: Pink - Hospital

142

REPORT OF AMBULANCE RUN

State Form 44892 (R4 9-93)

Run number	Provider
Type of run <input type="checkbox"/> BLS <input type="checkbox"/> Adv EMT <input checked="" type="checkbox"/> Paramedic <input type="checkbox"/> Non-Transport <input type="checkbox"/> Convaesent	Page 1 of 3

INSTRUCTIONS: 1 Print legibly with ballpoint pen - you are making 4 copies.

2 Enter all requested times using 24-hour clock (example enter 2 15 p m as 1415)

3. Complete all information requested

RUN INFORMATION

Date of run (month / day / year)	Vehicle no	Dispatch Location	Destination location or unit
Law enforcement	County		

PATIENT INFORMATION

Name (last, first, middle)	Date of birth (month / day / year)	Age
Home address (number, street, apartment, RR #, city or town, state, ZIP code)	<input type="checkbox"/> No fixed address	Social Security number
		Home telephone
		Gender (sex) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Race ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Other	Physician's name	

BILLING INFORMATION

Name of guarantor	Relationship to patient	Medicare number
Home address (street, apartment, RR#, city or town, state, ZIP code)	Employer	Medicaid number
	Home telephone	State
Payment expected <input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Workman's Comp. <input type="checkbox"/> V.A.	Other insurance information	
<input checked="" type="checkbox"/> Self - no insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (specify)		

TYPE OF RUN

MILEAGE OF RUN

TIMES OF RUN

PLACE OF INCIDENT

TO THE SCENE <input checked="" type="checkbox"/> Lights & siren <input type="checkbox"/> No lights & siren FROM THE SCENE <input checked="" type="checkbox"/> Lights & siren <input type="checkbox"/> No lights and siren <input type="checkbox"/> Inter-facility <input type="checkbox"/> Scheduled <input type="checkbox"/> Stand-by	NO TRANSPORT <input type="checkbox"/> Canceled run <input type="checkbox"/> Refusal <input type="checkbox"/> No patient <input type="checkbox"/> Private car <input type="checkbox"/> Amb. SCENE DEATH <input type="checkbox"/> No-Transport <input type="checkbox"/> Transport	DISPATCH AT SCENE DESTINATION DESTINATION TOTAL MILEAGE 6.0	CALL RECEIVED 17 26 UNIT DISPATCHED 17 29 UNIT EN ROUTE 17 29	ARRIVE LOCATION AT PATIENT 17 35 DEPART LOCATION 17 48	AT DESTINATION 17 58 UNIT AVAILABLE 18 18 Total Run Time Waiting Time	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Farm <input type="checkbox"/> Clinic <input type="checkbox"/> Construction site <input type="checkbox"/> Industrial site <input checked="" type="checkbox"/> Street/Highway <input type="checkbox"/> Public building <input type="checkbox"/> Recreational site <input type="checkbox"/> Residential site <input type="checkbox"/> Extended care facility <input type="checkbox"/> Other
ON SCENE PT. LOCATION <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Rear		CONDITION DURING TRANSPORT <input type="checkbox"/> Improved <input checked="" type="checkbox"/> No Change <input type="checkbox"/> Deteriorated <input type="checkbox"/> Transport difficulties explained in narrative				MEDICAL CONTROL CONTACT <input type="checkbox"/> IHERN <input checked="" type="checkbox"/> UHF <input type="checkbox"/> Cellular <input type="checkbox"/> Land line <input type="checkbox"/> Telemetry

SAFETY EQUIPMENT

MODE OF INJURY

WORK RELATED

<input type="checkbox"/> Lap belt <input type="checkbox"/> Air bag <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Helmet	<input type="checkbox"/> Secured child seat <input type="checkbox"/> Unsecured child seat <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> ATV / Recr. <input type="checkbox"/> Bicycle <input type="checkbox"/> Blunt / Assault <input type="checkbox"/> Drowning <input type="checkbox"/> Electrical	<input type="checkbox"/> Explosion <input type="checkbox"/> Fall <input type="checkbox"/> Gunshot <input type="checkbox"/> Inhalation <input type="checkbox"/> Machinery	<input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Motor vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Poison <input type="checkbox"/> Stab / Cut	<input type="checkbox"/> Thermal / Flame <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	---	---	---

CARE PROVIDED PRIOR TO AMBULANCE ARRIVAL

At Scene <input checked="" type="checkbox"/> Police <input type="checkbox"/> Medical facility <input type="checkbox"/> Res. sq <input type="checkbox"/> Other Amb	Care provided? <input type="checkbox"/> CPR <input type="checkbox"/> Dressing <input type="checkbox"/> I.V. <input type="checkbox"/> Oxygen
<input checked="" type="checkbox"/> Fire Dept <input type="checkbox"/> Bystander <input type="checkbox"/> Family <input type="checkbox"/> None	<input checked="" type="checkbox"/> Immobilization <input type="checkbox"/> Defib <input type="checkbox"/> Extrication <input type="checkbox"/> Meds <input type="checkbox"/> Airway management
Incident Time	Witnessed Cardiac Arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Care performed by (name)	Time ALS on scene
	First Responder Unit #

TIME	B/P	PULSE	RESPIRATION	IMPRESSION
17:48	118 / 80	Rate 93 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Weak <input type="checkbox"/> Irregular <input type="checkbox"/> Bounding	Rate 16 <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales	<input type="checkbox"/> Abdominal pain <input type="checkbox"/> Allergy <input type="checkbox"/> Back pain <input type="checkbox"/> Breathing problem <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Chest pain <input type="checkbox"/> Choking <input type="checkbox"/> Diabetic state
		Rate <input type="checkbox"/> Regular <input type="checkbox"/> Weak <input type="checkbox"/> Irregular <input type="checkbox"/> Bounding	Rate <input type="checkbox"/> Clear <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales	<input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Pregnancy Comp <input type="checkbox"/> Respiratory arrest <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke <input type="checkbox"/> Other
		Rate <input type="checkbox"/> Regular <input type="checkbox"/> Weak <input type="checkbox"/> Irregular <input type="checkbox"/> Bounding	Rate <input type="checkbox"/> Clear <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales	

INFECTION CONTROL

PUPIL RESPONSE

SENSATION / MOVEMENT

SKIN

<input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Gowns <input type="checkbox"/> Masks <input type="checkbox"/> Vehicle draping	<input checked="" type="checkbox"/> PERL <input type="checkbox"/> Constrict <input type="checkbox"/> Non-react <input type="checkbox"/> Unequal <input type="checkbox"/> Dilated <input type="checkbox"/> L Lg <input type="checkbox"/> Deviated <input type="checkbox"/> R Lg	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Right only <input type="checkbox"/> To neck <input type="checkbox"/> Left only <input type="checkbox"/> To waist <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cold <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Hot <input type="checkbox"/> Profuse Cap refill sec
Exposure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medical direction protocol <input type="checkbox"/> On line <input checked="" type="checkbox"/> Off line <input type="checkbox"/> N A			

DISTRIBUTION: White (top) - Provider White - (2nd) - EMS Commission Canary - Insurance Pink - Hospital

Name of patient	Date	Run number	Time of onset	<input type="checkbox"/> A. M.
			7:15 P. M.	<input type="checkbox"/> P. M.

TRAUMA ASSESSMENT

Mark each matrix square which applies to injury to specific areas listed below!

	Pain	Open soft	Deformity	Closed Soft	Penetrating	Burn	Amputation
Head							
Face / eye							
Neck							
Chest							
Back							
Abdomen							
Upper arm/shoulder							
Lower arm/elbow							
Hand / wrist							
Upper leg / hip							
Lower leg / knee							
Foot / ankle							

How was patient found / what was mechanism of injury?
SURFACED ON GROUND? AIR C-COLLAR APPLIED

Chief complaint: Neck

Medical history:

- ☐ Alcoholism
- ☐ Asthma
- ☐ Behavioral disorder
- ☐ Cancer
- ☐ COPD
- ☐ CVA
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Seizures
- ☐ _____
- ☐ _____
- ☐ None

Prescribed medications (see narrative)

☐ None UNK

Allergies

☐ None UNK

NONVISUALIZED AIRWAY				DEFIBRILLATION
Time	Technician number	Attempts	Successful	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Semi Automatic
Type	Technician number	Attempts	Successful	
Time				
Joules				

GLASGOW COMA SCALE

	Eyes Open	Verbal Response	Motor Response	Total Score	Time
Spontaneous	4	5	6		
To verbal command	3	4	5		
To pain	2	3	4		
No response	1	2	3		
Oriented		5	6		
Confused		4	5		
Inappropriate words		3	4		
Incomprehensible sounds		2	3		
No response		1	2		
Obeys commands			6		
Localized pain			5		
Withdraws			4		
Abnormal flexion			3		
Abnormal extension			2		
No response			1		
Total Score					
Time					

AIRWAY

- ☐ Auto Vent
- ☐ BVM
- ☐ Endotracheal
- ☐ Manual
- ☐ Mask
- ☐ Pocket mask
- ☒ Nasal Cannula
- ☐ Nonvisualized
- ☐ Oral / Nasal
- ☒ Oxygen 6 lpm
- ☐ Suction
- ☒ Oximetry

Bleeding control ☐

Blood specimen ☐

Burn Pack ☐

Chest Decompr ☐

CPR ☐

Cricothyrotomy ☐

Drug admin. ☐

Extinction ☐

ECG ☐

Monitor ☐

Defib ☐

Cardioversion ☐

Pacing ☐

% 12-Lead ☐

Glucose _____ mg/dl

IV initiated ☐

Intraosseous ☐

MAST ☐ Applied ☐ Inflated

NG tube ☐

OB delivery ☐

SPLINT ☐

Air splint ☐

Backboard ☐

Scoop ☐

Cervical collar ☒

Short back device ☐

Other: ☐

Rigid splint ☐

Traction splint ☐

Vacuum splint ☐

NARRATIVE

Narrative should include a complete chronological flow of events, including times patient condition, each procedure rendered and how each affected the patient's condition, and, if patient is monitored, describe ECG and staple ECG strip to original report.

PAS-1067 IN 43-165 M... MODERATE DAMAGE TO FRONT END & DRIVER'S SIDE
Deployed. CAR T... A VAN LARGE STAR FORMATION TO WINDSHIELD UNSURE IF
STAR due to IT STRIKING WINDSHIELD OR DRIVER, DRIVER WAS KILLED.
PE) D FOUND SIGNS ON GROUND & NW C-COLLAR APPLIED DIFFICULT TO ASSESS
LOC due to QUESTIONABLE ABILITY TO COMMUNICATE IN ENGLISH. PT AWAKE
ALERT & ... EYE-MOVEMENTS NON VERBAL THROUGHOUT CONTACT.
PT DON'T SEEM TO BE IN DISTRESS OR HAVE EXTREME INJURY.
AIRWAY OK. SPO₂ 98% - SKIN WARM DRY MUCOSA PINK
NO DEFORMITY FOUND TO EXTREMITIES ABRASION TO HEAD & EAR
RIB CAGE STABLE ABD SOFT PELVIS NO VISIBLE INJURIES FOUND.
Rx) PT ... 15° ...
[Redacted]
Signature of person receiving patient [Redacted]
Certification Number [Redacted]
Certification Number [Redacted]
Certification Number [Redacted]

Appendix M:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9506

3. Vehicle Number

02

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

38

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

160

Code actual height to the nearest centimeter.

(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight

053

Code actual weight to the nearest kilogram.

(999) Unknown

117 pounds X .4536 = 53 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes 1

During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes 0

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 4</p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p> <p>29. Police Reported Air Bag Availability/Function 1</p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative</p> <p>[] Vehicle inspection</p> <p>[] Official injury data</p> <p>[x] Driver/occupant interview</p> <p>[] Other (specify): _____</p> <p>[] Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown _____</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact - 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
(00) Not equipped/not available
(01) Not damaged
(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle
(06) Thermal burns
(07) Rescue or emergency efforts
(88) Other damage source (specify):

(95) Damaged, unknown source
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown
45. Was The Air Bag Tethered? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
46. Did The Air Bag Have Vent Ports? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
(0) Not equipped/not available
(1) No
(2) Eyeglasses/sunglasses
(3) Contact lenses
(4) Deployed, unknown if eyewear worn
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify):

(9) Unknown
50. Seat Type (this Occupant Position) 02
(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Box mounted seat (i.e., van type)
(10) Other seat type (specify):

(99) Unknown
51. Seat Orientation (this Occupant Position) 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
(0) Occupant not seated or no seat
(1) Non-adjustable seat track
- Adjustable Seat Track*
(2) Seat at forward most track position
(3) Seat between forward most and middle track positions
(4) Seat at middle track position
(5) Seat between middle and rear most track positions
(6) Seat at rear most track position
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

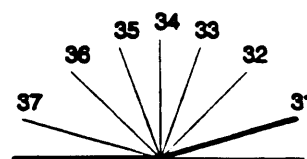
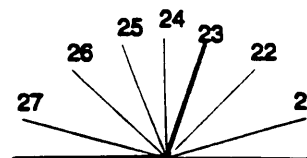
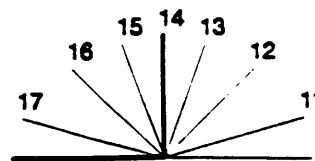
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 01

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 00

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 00

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

TRANSPORTATION RESEARCH CENTER

Indiana University
[REDACTED]

ON-SITE AIR BAG INVESTIGATION

SELECTED PHOTOGRAPHS

CASE NO. - 95-06

FLEET - PRIVATE VEHICLE

LOCATION - [REDACTED] INDIANA

ACCIDENT DATE - [REDACTED] 1995

A total of seventy-eight color copies of photographs are presented and referenced as Photograph #01 through Photograph #78. Photographs numbered #20 through #26 and #47 were taken and made available by the [REDACTED] Police Department. Photographs numbered #72 through #78 were taken and made available by the [REDACTED] Coroner's Office. The remainder of these photographs were taken by the Transportation Research Center.

[REDACTED] 1995

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590



01 -- 1990 Lincoln Continental begins its left-hand turn from this intersecting roadway located on the south side



02 -- 1990 Lincoln Continental's north-northwest travel path approximately 50 m (164 ft) from point of impact



03 -- 1990 Lincoln Continental's northwest travel path approximately 40 m (131 ft) from point of impact (red traffic cone)



04 -- 1990 Lincoln Continental's west-northwest travel path approximately 25 m (82 ft) from point of impact (red traffic cone)



05 -- 1990 Lincoln Continental's west-northwest travel path approximately 15 m (49 ft) from point of impact (red traffic cone)



06 -- 1990 Lincoln Continental's westward travel path entering inside westbound lane ~ 7 m (23 ft) from point of impact (red cone)



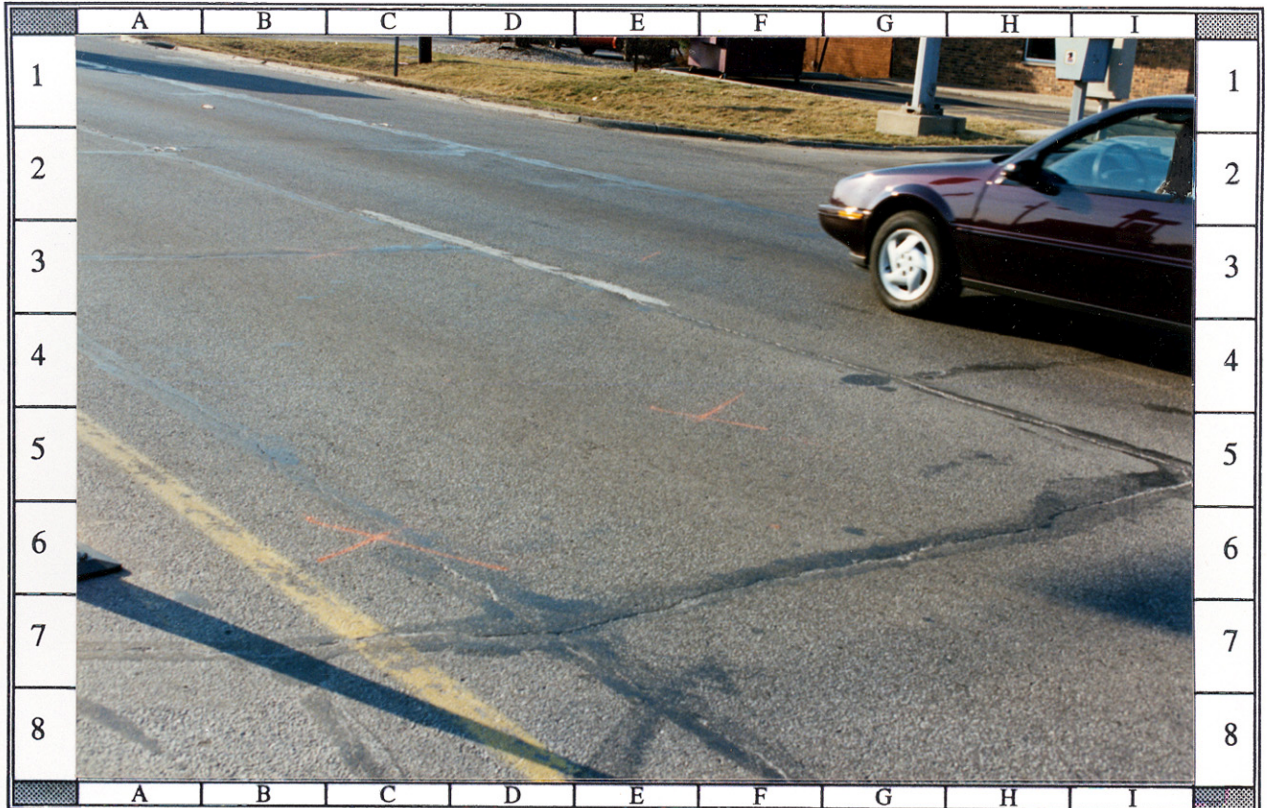
07 -- 1990 Lincoln Continental's westward travel path in inside west-bound travel lane just prior to impact (near red traffic cone)



08 -- Southwest view of FRP scene marking symbols representing the '90 Lincoln Continental's rear wheels [cells C5 (LR) & F6 (RR)]



09 -- Northwest view of FRP scene marking symbols representing the '90 Lincoln Continental's rear wheels [cells D5 (LR) & F4 (RR)]



10 -- Northwest view of FRP scene marking symbols representing the '90 Lincoln Continental's front wheels [cells C6 (LF) & F5 (RF)]



11 -- Northeast view of FRP scene marking symbols representing the '90 Lincoln Continental's four tires [cells C6 (RF) & G5--F5 (LR)]



12 -- Southeast view of '90 Lincoln Continental's travel path from intersecting roadway (cells E4--F4) to FRP [C7 (RR) & F7 (LR)]



13 -- 1993 Chevrolet C-20 conversion van begins its left-hand turn from driveway located on north side



14 -- 1993 Chevrolet C-20 conversion van's south-southeast travel path approximately 8 m (26 ft) from point of impact



15 -- 1993 Chevrolet C-20 van's point of impact (near red cone) & FRP [cell F5 (RF) & F7 (RR)] straddling inside westbound lane



16 -- Southeast view of FRP scene marking symbols representing the '93 Chevrolet C-20 conversion van's right rear tire



17 -- Southeast view of FRP scene marking symbols representing the '93 Chevrolet C-20 conversion van's right front tire



18 -- North-northwest view of FRP scene marking symbols representing the 1993 Chevrolet's FRP [cells C7 (RF), D5 (RR), & E5 (LR)]



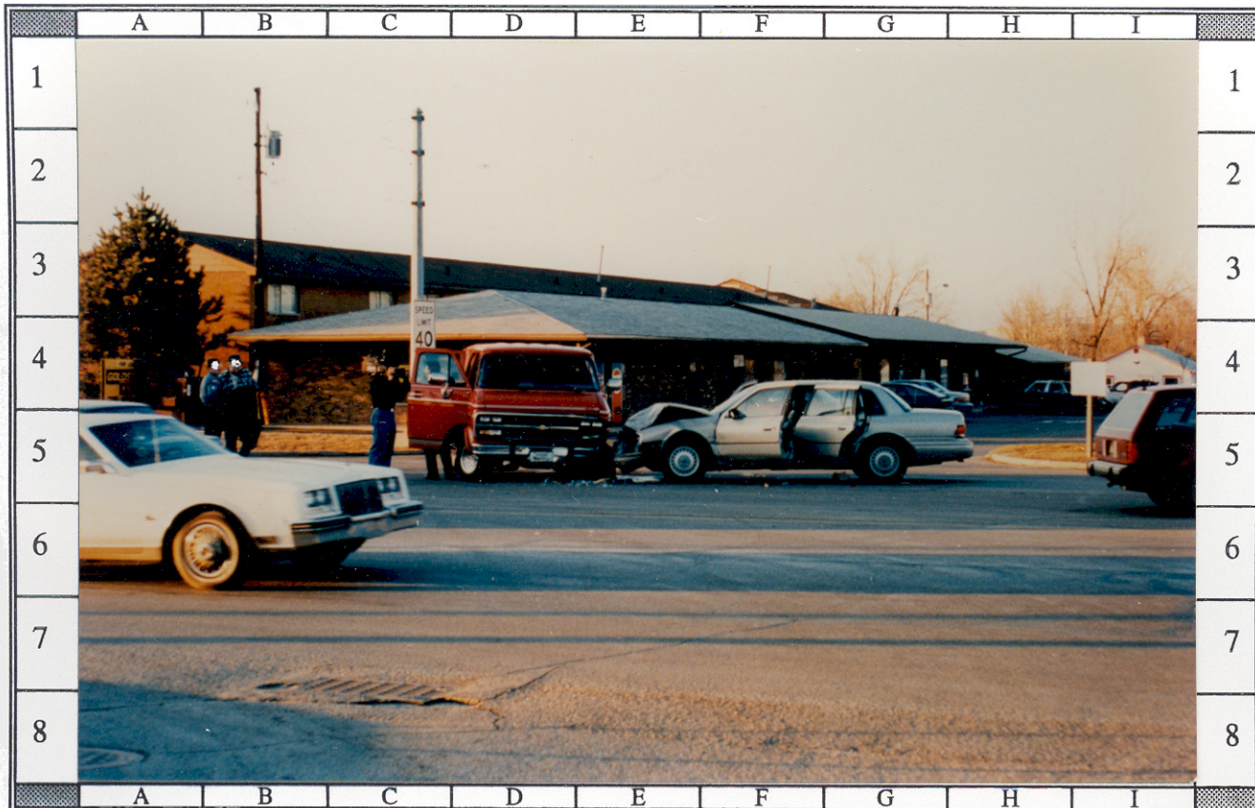
19 -- Northward view of FRP scene marking symbols representing the '93 Chevrolet C-20 van's rear wheels [cells C8 (RR) & D7 (LR)]



20 -- On-scene southward view of 1990 Lincoln Continental and 1993 Chevrolet C-20 conversion van at final rest



21 -- On-scene south-southeast close-up of front damage to '90 Lincoln Continental and side damage to '93 Chevrolet C-20 conversion van



22 -- On-scene north-northwest view of 1990 Lincoln Continental & 1993 Chevrolet C-20 conversion van at final rest



23 -- On-scene north-northwest close-up of frontal damage to both the 1990 Lincoln Continental and 1993 Chevrolet conversion van



24 -- On-scene northward close-up of 1990 Lincoln Continental's front damage; NOTE: area of initial bumper contact (cell A5)

BEST AVAILABLE



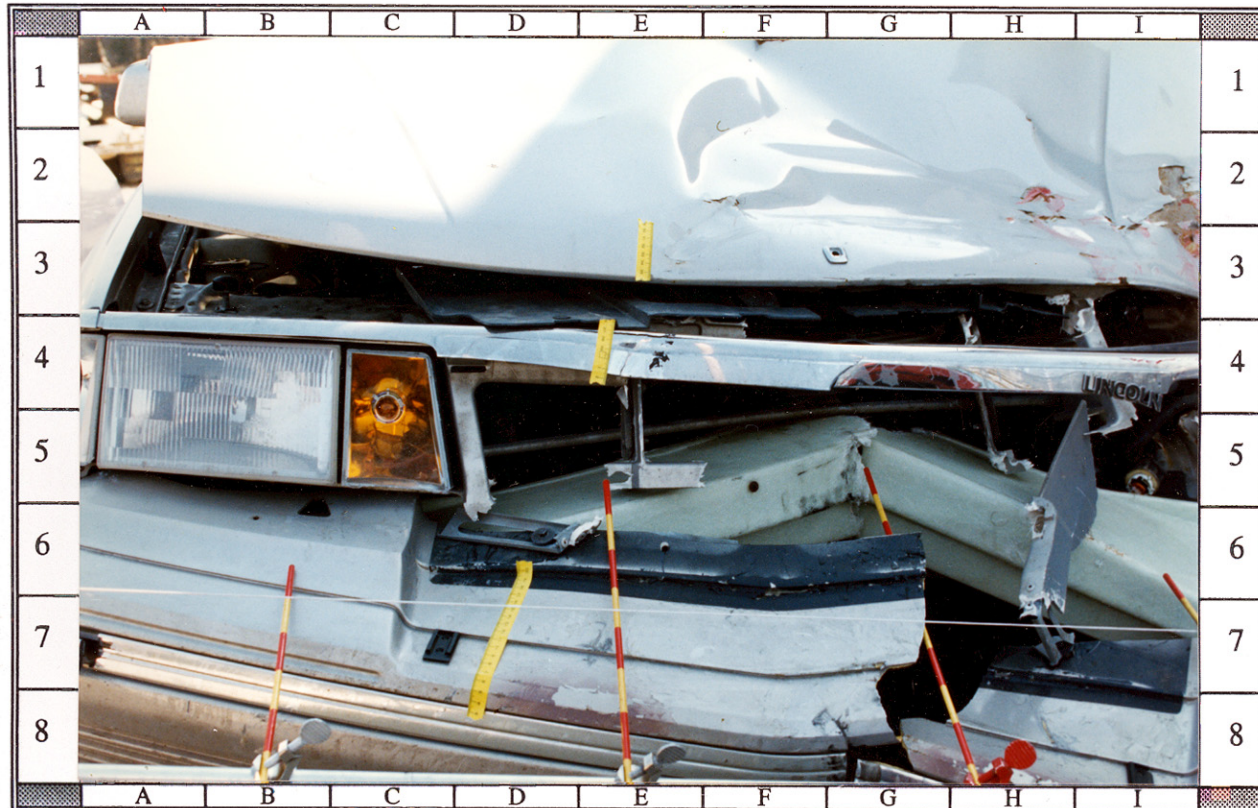
25 -- On-scene westward view of 1990 Lincoln Continental and 1993 Chevrolet C-20 van at final rest--from outside westbound lane



26 -- On-scene eastward view of 1993 Chevrolet C-20 conversion van at final rest--from north side of inside westbound lane



27 -- Right reference line view of 1990 Lincoln Continental's frontal damage--contour gauge @ bumper level; NOTE: red paint on hood



28 -- Close-up of 1990 Lincoln Continental's front damage; NOTE: yellow tape marks beginning of direct damage--R corner not involved



29 -- 1990 Lincoln Continental's damaged front from ~ 15 degrees L of front--contour gauge @ bumper level; max crush @ C₃ (cell D5)



30 -- Overhead view of 1990 Lincoln Continental's front damage showing extent of crush @ bumper level; see calibrated rods



31 -- 1990 Lincoln Continental's front damage @ C₁ & C₂--contour gauge above bumper; NOTE: red hood paint & induced damage to L fender



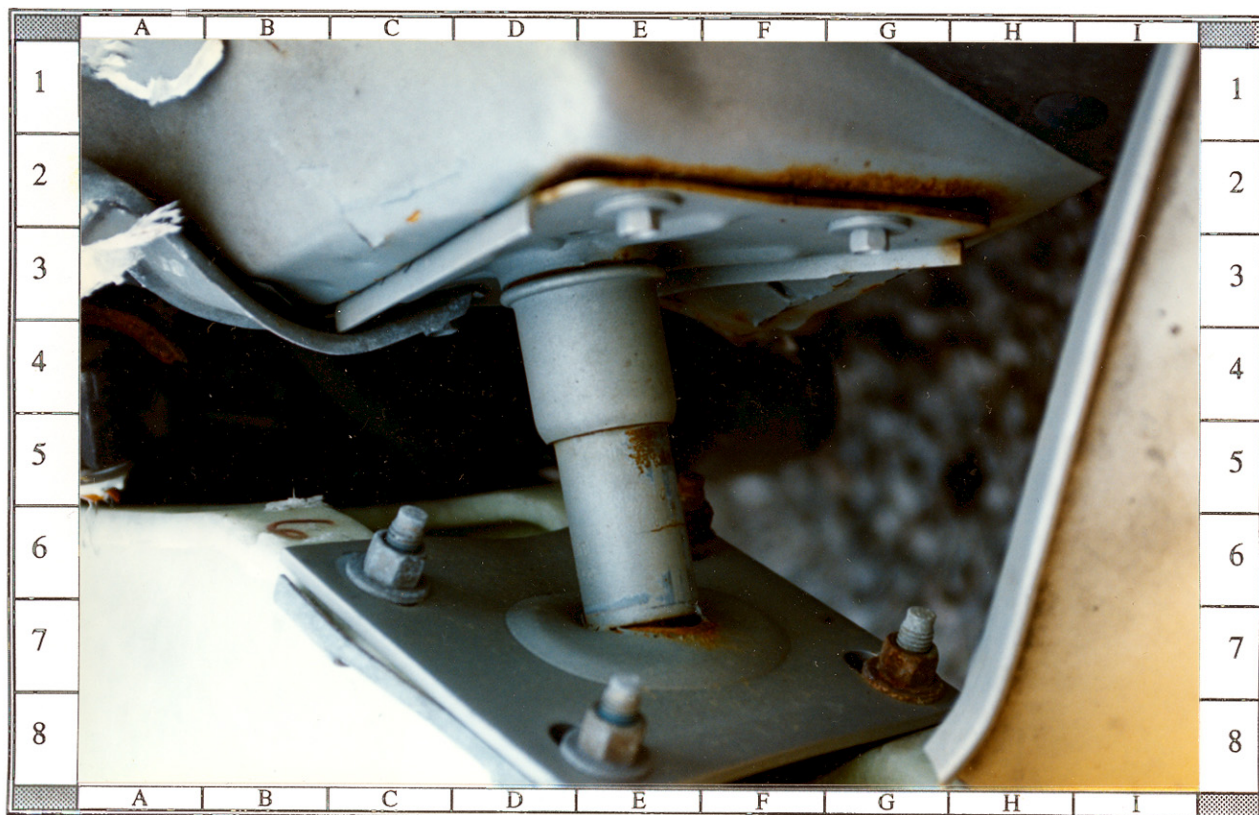
32 -- Close-up view of 1990 Lincoln Continental's front damage @ C₁ & C₂ from ~ 30 degrees left of front--contour gauge above bumper



33 -- Front reference line view of 1990 Lincoln Continental's frontal damage--contour gauge @ bumper level; NOTE: red paint on hood



34 -- Close-up front reference line view of 1990 Lincoln Continental's front damage @ C₁ & C₂--contour gauge above bumper



35 -- Close-up of 1990 Lincoln Continental's front left EAD showing complete stroke movement from crash with 1993 Chevrolet C-20 van



36 -- 1990 Lincoln Continental's L fender showing induced damage from frontal crash with 1993 C-20 van; NOTE: police painted LF tire



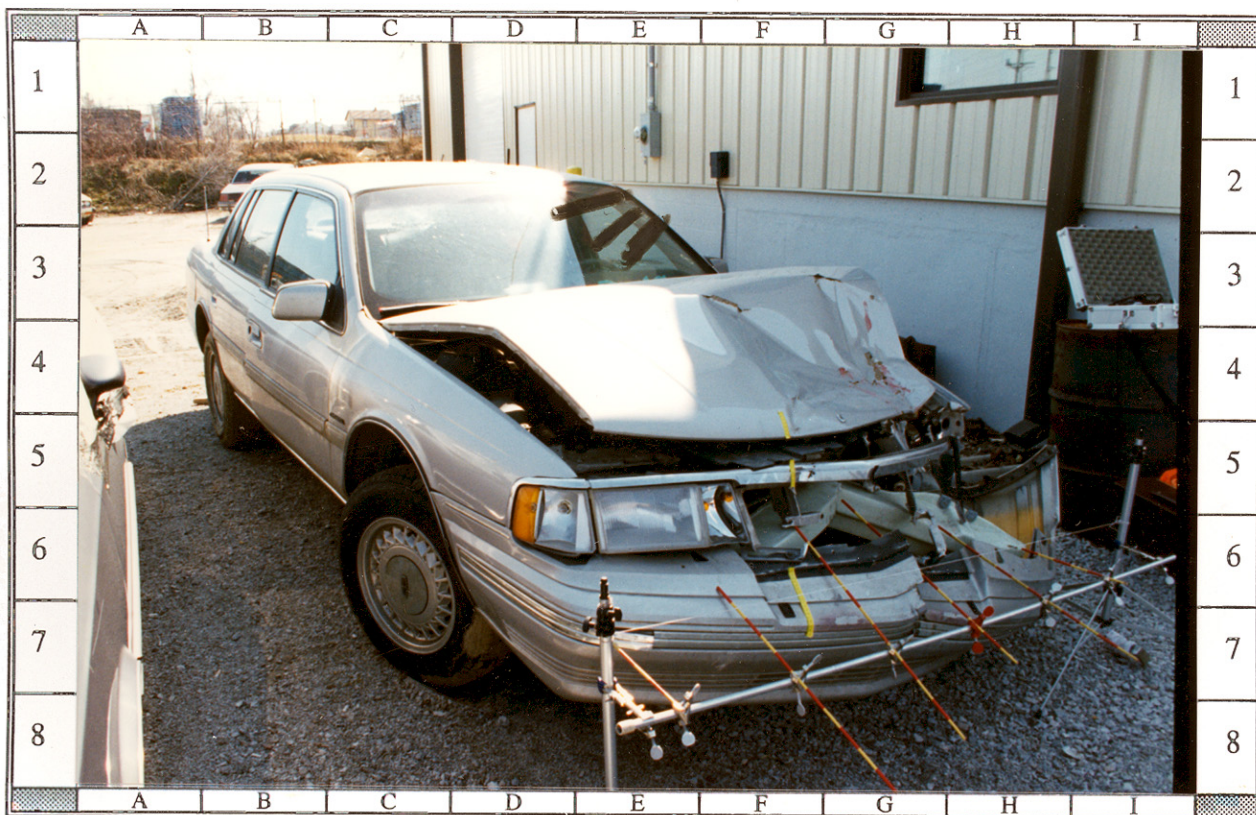
37 -- 1990 Lincoln Continental's left rear roof rail showing previous damage (dents)



38 -- 1990 Lincoln Continental's left side and undamaged back from ~ 15 degrees left of back



39 -- 1990 Lincoln Continental's right side and undamaged back from ~ 30 degrees right of back



40 -- 1990 Lincoln Continental's damaged front from ~ 20 degrees R of front--contour gauge @ bumper level; max crush @ C₃ (cell G5)



41 -- 1990 Lincoln Continental's driver door, air bag, steering column, & dashboard from left; NOTE: yellow tape marks contacts



42 -- Close-up of 1990 Lincoln Continental's driver door showing crease at top of door's interior surface



43 -- Close-up of 1990 Lincoln Continental's top cover flap & air bag;
NOTE: blood on flap (cell E3) and air bag (cells C7 and F6)



44 -- Close-up of 1990 Lincoln Continental's bottom cover flap and air bag;
NOTE: blood on seats and contact to right dash (cell H1)



45 -- Closer-up of 1990 Lincoln Continental's deployed air bag showing blood on lower left of bag (cells D5--E6)



46 -- Close-up of 1990 Lincoln Continental's lower dash/knee bolster--no evidence of contact; see column tilt control & blood on seat

**“GRAPHIC”
PHOTOGRAPHS and IMAGES**

**Several vivid photographs have been removed for this case.
These photographs contain highly graphic material
which may be improper for the general audience.**

IN9506; Photo(s) #47 & 48

**If you would like a copy of these photographs and/or images
please call or write to:**

**Marjorie Saccoccio at (617) 494-2640
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 Broadway
Cambridge, MA 02142**



49 -- Close-up of 1990 Lincoln Continental's lower dash/knee bolster & steering column viewed from right--no evidence of contacts



50 -- Close-up of 1990 Lincoln Continental's steering wheel rim; NOTE: no evidence of occupant loading to either column or rim



51 -- Close-up of driver contacts to 1990 Lincoln Continental's sunvisor, roof, and roof siderail; NOTE: roof dented slightly



52 -- Closer-up of driver contacts to 1990 Lincoln Continental's sunvisor and roof siderail; NOTE: hair on siderail contact



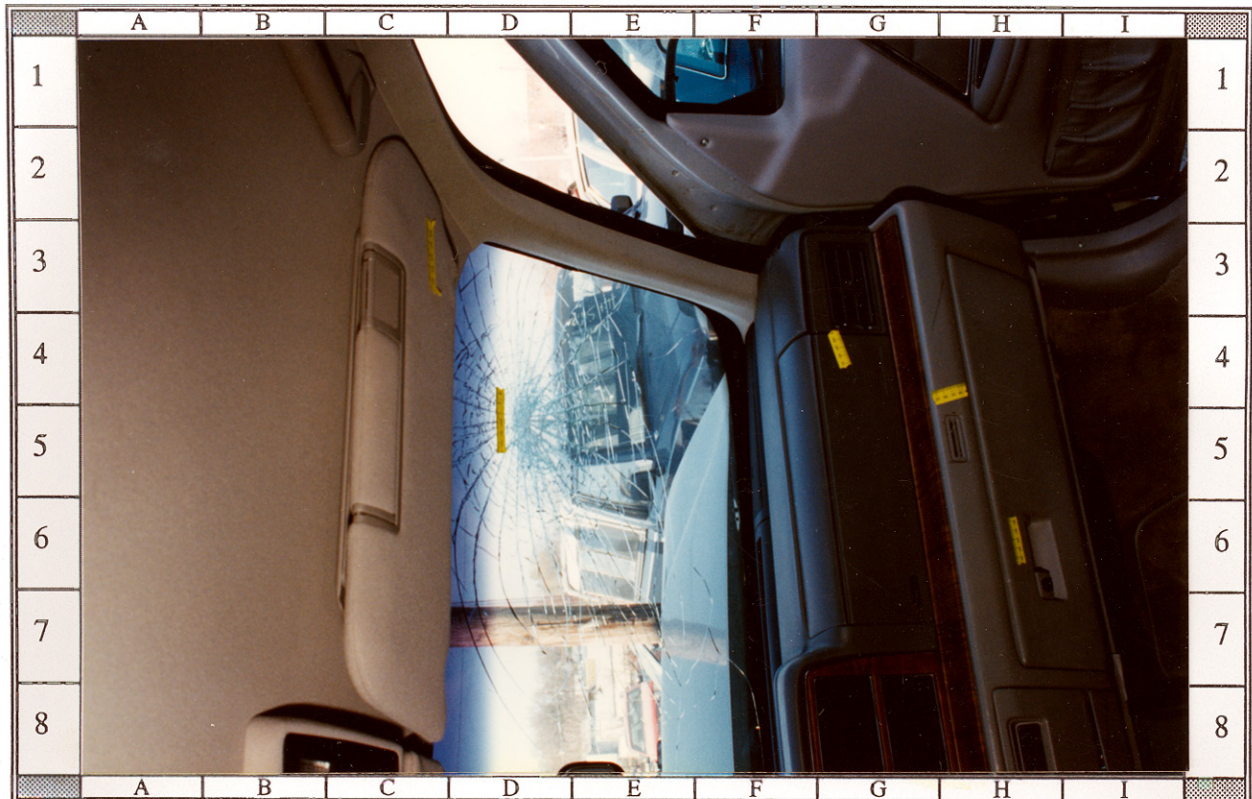
53 -- 1990 Lincoln Continental's CF control panel, glove box handle, and RF dash, A-pillar, and door showing RF passenger contacts



54 -- Close-up of 1990 Lincoln Continental's upper & mid RF dash showing contacts (skin transfers) by RF passenger



55 -- Close-up of 1990 Lincoln Continental's glove box handle broken by contact from right front passenger's left knee



56 -- 1990 Lincoln Continental's right front glove box handle, dash, windshield, and sunvisor showing contacts by RF passenger



57 -- Close-up of '90 Lincoln Continental's right front sunvisor showing contact [skin transfer (cells D5--E5)] by RF passenger



58 -- 1990 Lincoln Continental's rear seating area; NOTE: outboard 3-point manual belts and the far forward position of driver's seat



59 -- Front of 1993 Chevrolet C-20 conversion van; NOTE: van's front damage has been repaired--compare with photograph #23 above



60 -- Repaired 1993 Chevrolet C-20 conversion van's front & LF from ~ 15 degrees left of front--compare with photos #21 & #23 above



61 -- Close-up of '93 Chevrolet C-20 conversion van's LF fender; NOTE: damage has been repaired--compare with photograph #21 above



62 -- 1993 Chevrolet C-20 conversion van's left side & undamaged back from approximately 30 degrees left of back



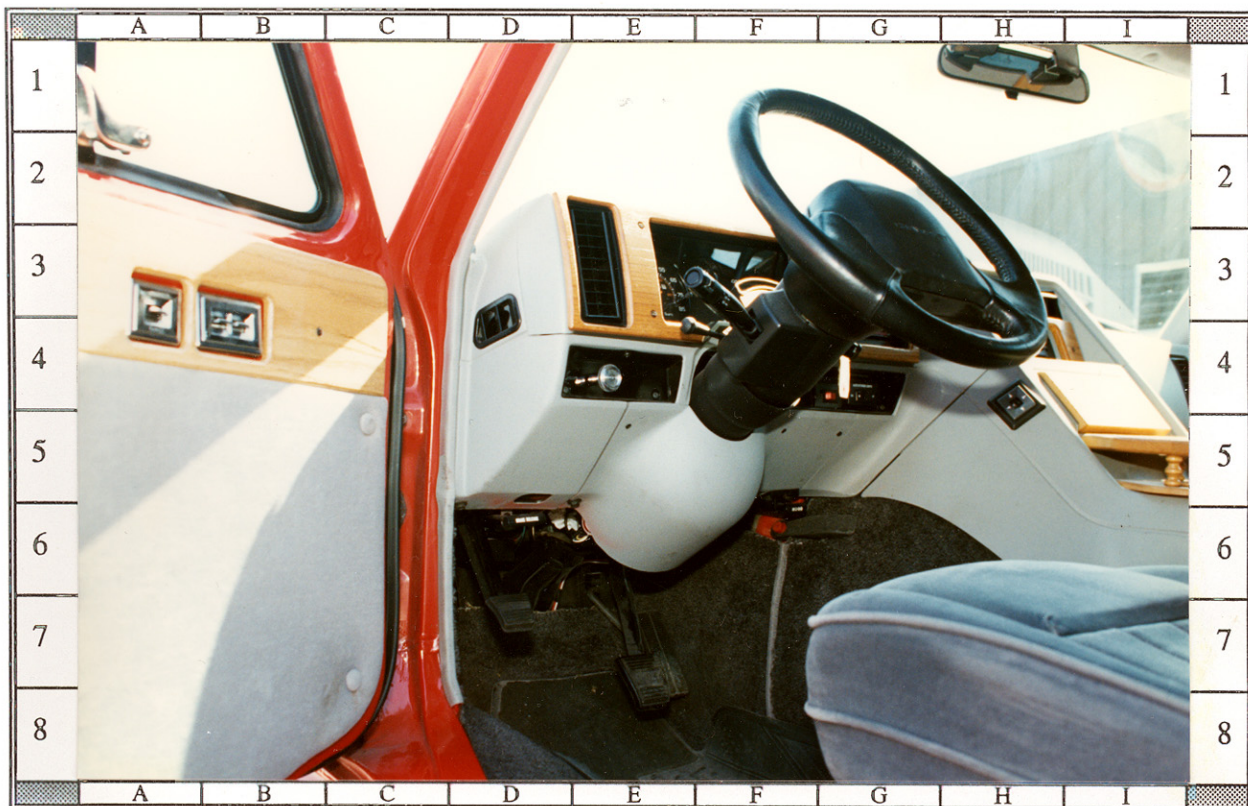
63 -- 1993 Chevrolet C-20 conversion van's undamaged right side & back from approximately 20 degrees right of back



64 -- 1993 Chevrolet C-20 conversion van's undamaged right side & repaired front from approximately 30 degrees right of front



65 -- 1993 Chevrolet C-20 conversion van's left front interior door surface viewed from along left side of vehicle



66 -- 1993 Chevrolet C-20 conversion van's left front lower dash and underneath side of steering column and wheel viewed from left



67 -- 1993 Chevrolet C-20 conversion van's driver seating area, center console, & greenhouse viewed from van's center middle area



68 -- 1993 Chevrolet C-20 conversion van's driver seating area, center console, and greenhouse viewed from right front door area



69 -- 1993 Chevrolet C-20 conversion van's right front seating area, center console, and greenhouse viewed from outside RF door



70 -- 1993 Chevrolet C-20 conversion van's middle row bucket seats viewed from outside the right side hinged door



71 -- 1993 Chevrolet C-20 conversion van's middle bucket & rear fold-down bench seats; NOTE: outboard 3-point manual belts @ middle

72 --

**“GRAPHIC”
PHOTOGRAPHS and IMAGES**

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IN9506; Photo(s) #72 - 78

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